#### 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

### DOCUMENT # A0100000704

1. Entity Name
WMP PARTNERS, LLLP

Principal Place of Business

2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431 Mailing Address

2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431

### FILED Apr 08, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

01282008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1113895 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WMP EQUITY, LLC 2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.</li></ol>	n, in the State of Florida. I am familiar with, and accept
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable	DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

	NOTE. General Partitle's MAT NOT be changed on the
12.	GENERAL PARTNER INFORMATION
DOCUMENT #	L04000037438
	WMP EQUITY, LLC
	2300 GLADES ROAD SUITE 100E
CHY-ST-ZIP	BOCA RATON, FL 33431
DOCUMENT #	
NAME	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY+ST+ZIP	
DOCUMENT #	
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STREET ADDRESS	,
CITY-ST-ZIP	
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	DOCUMENT #  NAME  STREET ADDRESS CITY-ST-ZIP  DOCUMENT #  NAME

U00000886626 04/18/08-80064-022 500.00

# DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William R. Greenfield

3/26/2008

561-392-6662

Daytime Phone ∉