2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 4, 2005

FILED May 11, 2005 08:00 AM Secretary of State

Horizon Pisco of Business 300 S.L. 200 STREET FORT LAUDERDALE, FL 33301 2. Principal Pisco of Business Suite, Apr. F. etc. 3. Nating Address Suite, Apr. F. etc. 3. Nating Address Suite, Apr. F. etc. 3. Suite, Apr. F. etc. 3. Suite, Apr. F. etc. 3. Court State 4. P. Churcher 4. P. Churcher 5. Court State 3. Court State 4. P. Churcher 5. Court State 6. Name and Address of Current Replained Agent 7. Name and Address of New Registrated Agent 3. Street Address 5. Court State	DOCUI 1. Entity Nam WGCC, L		08000080	7				Še	ecrétai	y of State
Sulfa, Apt. #i. **C. Sulfa, Apt. #i. **C. Sulfa, Apt. #i. **C. City & State City & State City & State A. FEI Number Applied For Max Applicable For Max Applica	300 S.E. 2NE) STREET	3	ÕÕ S.E. 2ND STREET	33301		} 		! ##!!! ##!!! 7 #! 7 k	HT OFFILI ICUNINA BY IVON
City & State Ci	2. Principal P	lace of Business	3.	Mailing Address						
Type Country Zp Country Zp Country S. Certificate Status Desired Desired Desired Desired Country Special Count				Suite, Apt. #, etc.			01042005	Chg-LP	CR2E003	(10/03)
Store Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Store Address (P.O. Box Number Is Not Acceptable) Store Address (P.O. Box Number Is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordat. Ten familiar with, and accept the ocligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Fordat. Ten familiar with, and accept the ocligations of registered agent. 9. Central Contributions 8. The above named entity submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Fordat. Ten familiar with, and accept the ocligations of registered agent, or both, in the State of Fordat. Ten familiar with, and accept the ocity of the State of Fordat. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordat. Ten familiar with, and accept the State of Fordat. 9. Central Contributions 10. Agrount of Capital Contributions 11. A GENERAL PARTINER THAT Is A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 12. GENERAL PARTINER THAT Is A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 13. ACCEPTABLE AGENT AG	City & State			City & State				42		
JONES, PATRICIA 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept we obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept we obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept are obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept are obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept are obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept are obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept are obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept are obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept are obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept are obligated agent. A GENERAL PARTICE THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. A GENERAL PARTICE HINFORMATION IS. ADDRESS CHANGES ONLY FOR 100000599964 WAS SIRET ADDRESS OTY-51-2P DODUMENT AND ACCEPT ADDRESS OTHER ACCEPTS OF THE ADDRESS OTHER ADDRESS OT	Zip	Country		Žīp ,	Counti	у	5. Certificate of	Status Desired	□ \$8 Fee	.75 Additional Required
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forde. Tam familiar with, and accept the obligations of registered agent. 8. China above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forde. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Forde. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Forde. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Forde. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Forde. Tam familiar with, and accept the State of Forde. SIGNATURE 9. Capital Contributions 10. Accented A particles That its 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 filled to change a general partner. 12. Column / WGCC, INC. SIRET ADDITES WGCC, INC. SIRET ADDITES OTY-ST-ZP UDODO003656060 OTY-ST-ZP UDODO003656060 OTY-ST-ZP DOUMN / STREET ADDITES OTY-ST-ZP DOUMN / ST		6. Name and Address	of Current Regis	tered Agent						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. 9. Capital Contributions \$156,130.04	300 S.E. 2	ND STREET	1	÷			P.O. Box Number l	s Not Acceptable		Zip Code
T2. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME WGCC, INC. STREET ADDRESS CITY-ST-2P DOCUMENT / NAME STREET ADDRESS CITY-ST-2P DOCUMENT / ST-2P DOCUMENT / ST-2P DOCUMENT / ST-2P DOCUMENT / NAME STREET ADDRESS CITY-ST-2P DOCUMENT / NAME STREET ADDRESS	signature Signature Signature Signature	Signature, typed or printed name of intributions \$156,130.	egistered agent and fille	f applicable 10. Amount of Capita in FLORIDA to da	al Contrib	utions 56,03	o. 04		, DATE	liar with, and accept
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME WIGCC, INC. STREET ADDRESS 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301 COUMENT / NAME STREET ADDRESS CITY-ST-2P DOCUMENT / NAME STREET ADDRESS CITY-ST-2P C		A GENERAL PA	ARTNER THAT	IS A BUSINESS EN	TIŤY MU ne form;	JST BE REGIST an amendmer	TERED AND AC	TIVE WITH TH to change a ge	IS OFFICE. eneral partne	r.
NAME STREET ADDRESS OD S.E. 2ND STREET FORT LAUDERDALE, FL 33301 DOCUMENT / NAME STREET ADDRESS OCITY-ST-2P		GENERA			13.					
CITY-ST-ZIP COUNCRY / NAME STREET ADDRESS CITY-ST-ZIP COUNCRY / ST-ZIP COUNCRY / NAME STREET ADDRESS CITY-ST-ZIP COUNCRY / NAME STREET ADDRESS CITY-ST-ZIP COUNCRY / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	NAME	WGCC, INC.	· -			-				
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the filternation's upplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report pis true and accurate and pist 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 empoweed to evacute the report as required by Chapter 620, Florida Statutes	CITY-ST-ZIP				СІТУ-	ST-ZIP			0366060	ne ene ne .
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	NAME				STREE	T ADDRESS		05/11/05	 80028-0	J3 320. CJ
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the filtomation supplied with ty's filing does not qualify for the exemption stated in Section 119.07(3)(7), 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 empoweed to evaluate this report as required by Chapter 620, Florida Statutes					CITY-	ST-ZIP				
CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated on this report is true and a courage 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 emprowed to execute the report as required by Chapter 620, Florida Statutes		-	•		STREE	T ADDRESS				
NAME STREET ADDRESS GITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 the report as required by Chapter 620, Florida Statutes					спу-	ST-ZIP	·			
CITY-ST-ZIP DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), 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			, : -	· · · · · · · · · · · · · · · · · · ·	STREE	T ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the filtogration supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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					CITY-	ST-ZIP				
CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with the filling does not qualify for the exemption stated in Section 119.07(3)(1), 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					STREE	T ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the filtogration supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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					CITY-	ST-ZIP				
STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the filliogration supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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				· · · · · · · · · · · · · · · · · · ·	STREE	T ADDRESS	,			
	STREET ADDRESS CITY-ST-ZIP		// .							
	14. I hereby a indicated the received	certify that the filtornation s on this report is true and a ver or trustee empowered to	upplied with this is courage and that is a execute this rep							į