

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

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

**DOCUMENT # A01000000807**

1. Entity Name  
**WGCC, LTD.**



Principal Place of Business  
**300 S.E. 2ND STREET  
 FORT LAUDERDALE, FL 33301**

Mailing Address  
**300 S.E. 2ND STREET  
 FORT LAUDERDALE, FL 33301**

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**65-1126942**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, PATRICIA  
 300 S.E. 2ND STREET  
 FORT LAUDERDALE, FL 33301**

Name

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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
 as Shown on record.

**\$156,130.04**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**\$156,030.04**

**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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P01000059964**  
 NAME **WGCC, INC.**  
 STREET ADDRESS **300 S.E. 2ND STREET**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

DOCUMENT #  
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 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000000365060**  
**05/11/05-80028-005 526.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**Rocco Ferrera** **4/28/05** **954-627-9300**

STAPLE CHECK HERE