


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A0100000807

1. Entity Name
WGCC, LTD.




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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-1126942 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000059964	STREET ADDRESS	
NAME	WGCC, INC.	CITY-ST-ZIP	
STREET ADDRESS	300 S.E. 2ND STREET		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		
DOCUMENT #		STREET ADDRESS	1100000366060
NAME		CITY-ST-ZIP	05/11/05-80028-005 526.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

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:  **Rocco Ferrara** 4/29/05 954-627-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #