
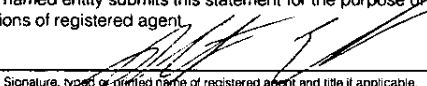
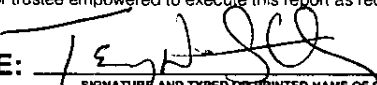


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 31 PM 3:36

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1126942	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 Robert Esposito	
				Street Address (P.O. Box Number is Not Acceptable) c/o Stiles Corporation	
				300 SE 2nd Street	
				City Fort Lauderdale	FL Zip Code 33301
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 				Robert Esposito 1/31/08	
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.					
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		500121514815 03/28/08--01015--006 **\$500.00		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
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NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
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:  Terry W. Stiles January 31, 2008 954-627-9300					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE