

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000000887

Entity Name: COSMA WBP TWO, LTD.

FILED  
Apr 22, 2004  
Secretary of State

**Current Principal Place of Business:**

355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 90-0019696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COBB, KOLLEEN  
355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 0.00

**Amount of Capital Contributions in Florida to date:** 0.00

**GENERAL PARTNER INFORMATION:**

Document #:

Name: COSMA WBP TWO, INC.

Address: 355 ALHAMBRA CIRCLE, SUITE 900

City-St-Zip: CORAL GABLES, FL 33134

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KOLLEEN O.P. COBB

VP

04/22/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date