

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


APPROVAL
AND
FILED

04 APR -2 PM 4:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A01000000954		
1. Entity Name WMSE LIMITED PARTNERSHIP		

Principal Place of Business 5450 SHADOW LAWN DRIVE SARASOTA, FL 34242	Mailing Address 5450 SHADOW LAWN DRIVE SARASOTA, FL 34242
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02292004 Chg-LP CR2E003 (10/03)

4. FEI Number NOT APPLICABLE	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	
EDINGER, WILLIAM F 5450 SHADOW LAWN DRIVE SARASOTA, FL 34242	

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.

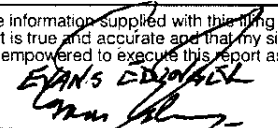

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,614,746.38	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	NAME	STREET ADDRESS	
NAME	EDINGER, WILLIAM F	CITY-ST-ZIP	500032836325
STREET ADDRESS	5450 SHADOW LAWN DRIVE		04/15/04--01018--020 **526.25
CITY-ST-ZIP	SARASOTA, FL 34242		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	EDINGER, MARY E	CITY-ST-ZIP	
STREET ADDRESS	5450 SHADOW LAWN DRIVE		
CITY-ST-ZIP	SARASOTA, FL 34242		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	EDINGER, EVANS	CITY-ST-ZIP	5290 White Ibis Rd
STREET ADDRESS	3022 BYRONS POND DRIVE		North Port, FL 34287
CITY-ST-ZIP	MARIETTA, GA 30062		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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 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

SIGNATURE:   **3/31/04** **941-425-9407**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE