

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A01000000954

1. Entity Name
WMSE LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:14

Principal Place of Business
 5450 SHADOW LAWN DRIVE
 SARASOTA, FL 34242

Mailing Address
 5450 SHADOW LAWN DRIVE
 SARASOTA, FL 34242

2. Principal Place of Business
5290 WHITE IBIS RD.
NORTH PORT, FL.
34287

3. Mailing Address
5290 WHITE IBIS RD.
NORTH PORT, FL.
34287

03252006 Chg-LP CR2E003 (11/05)

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

EDINGER, EVANS
 5290 WHITE IBIS DRIVE
 NORTH PORT, FL 34287

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	EDINGER, WILLIAM F 5450 SHADOW LAWN DRIVE SARASOTA, FL 34242	STREET ADDRESS CITY-ST-ZIP	7377 Scotland Way; #6314 Sarasota, FL 34238
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	EDINGER, MARY E 5450 SHADOW LAWN DRIVE SARASOTA, FL 34242	STREET ADDRESS CITY-ST-ZIP	7377 Scotland Way; #6314 Sarasota, FL 34238
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	EDINGER, EVANS 5290 WHITE IBIS RD NORTH PORT, FL 34287	STREET ADDRESS CITY-ST-ZIP	
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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/31/06
 Date

941-425-9407
 Daytime Phone #

STAPLE CHECK HERE