

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 07, 2008 08:00 A
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent EDINGER, EVANS 5290 WHITE IBIS DRIVE NORTH PORT, FL 34287	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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.

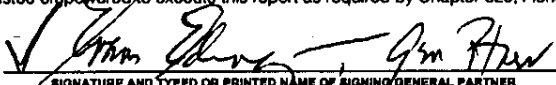
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	EDINGER, WILLIAM F 7377 SCOTLAND WAY #6314 SARASOTA, FL 34238
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	EDINGER, MARY E 7377 SCOTLAND WAY #6314 SARASOTA, FL 34238
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	EDINGER, EVANS 5290 WHITE IBIS RD NORTH PORT, FL 34287
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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  4/4/08 Date Daytime Phone #

STAPLE CHECK HERE