2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# A01000000954

Entity Name: WMSE LIMITED PARTNERSHIP

Current Principal Place of Business:

5450 SHADOW LAWN DRIVE
SARASOTA, FL 34242

New Principal Place of Business:

5290 WHITE IBIS DRIVE
NORTH PORT, FL 34287

Current Mailing Address:

5450 SHADOW LAWN DRIVE
SARASOTA, FL 34242

New Mailing Address:

5290 WHITE IBIS DRIVE
NORTH PORT, FL 34287

FEI Number: 65-1125107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

GENERAL PARTNER INFORMATION:

Document #:
Name: EDINGER, WILLIAM F
Address: 7377 SCOTLAND WAY #6314
City-St-Zip: SARASOTA, FL 34238
Document #:
Name: EDINGER, MARY E
Address: 7377 SCOTLAND WAY #6314
City-St-Zip: SARASOTA, FL 34238
Document #:
Name: EDINGER, EVANS
Address: 5290 WHITE IBIS RD
City-St-Zip: NORTH PORT, FL 34287

ADDRESS CHANGES ONLY:

Address: 5450 SHADOW LAWN DRIVE
City-St-Zip: SARASOTA, FL 34242

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City-St-Zip: SARASOTA, FL 34242

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EVANS EDINGER GP 03/08/2009

Electronic Signature of Signing General Partner — Date