


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 FEB 24 AM 9:24

**DOCUMENT # A01000001443**  
1. Entity Name  
**WIC LIMITED PARTNERSHIP LLLP**



Principal Place of Business: **1808A W. MORRISON AV. TAMPA FL 33606**  
Mailing Address: **1808A W. MORRISON AV. TAMPA FL 33606**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
4. FEI Number: **65-1154326** Applied For:  Not Applicable:

Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**



MOORE CR2E003 (11/03)

**6. Name and Address of Current Registered Agent**  
**WALDER MANAGEMENT, INC.**  
**1808 A WEST MORRISON AVENUE**  
**TAMPA FL 33606**

**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: **\$1,500,000.00**  
10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_  
11. **MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	P01000104280	STREET ADDRESS	
NAME	WALDER MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	1808 A WEST MORRISON AV		<b>600027904046</b>
CITY-ST-ZIP	TAMPA FL 33606		01/29/04--01075--029 **150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			<b>600027904046</b>
CITY-ST-ZIP			03/11/04--01064--015 **385.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 Keith A. Walder **KEITH A. WALDER** President **1/22/04** **281372944544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #