


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A0100001443			
1. Entity Name WIC LIMITED PARTNERSHIP LLLP			
Principal Place of Business 725 SOUTH OREGON AVE. TAMPA, FL 33606		Mailing Address 725 SOUTH OREGON AVE. TAMPA, FL 33606	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
4. FEI Number 65-1154326		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04222007 Chg-LP CR2E003 (12/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALDER MANAGEMENT, INC. 1000 A WEST MORRISON AVENUE 725 S. OREGON AVE TAMPA, FL 33606 TAMPA, FL 33606		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 <i>Keith A. Walder</i>		KEITH A. WALDER, PRESIDENT	
Signature, typed or printed name of registered agent and title if applicable.		DATE 4/27/07	
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 #	P01000104280	STREET ADDRESS	725 S. OREGON AVE
NAME	WALDER MANAGEMENT, INC.	CITY-ST-ZIP	TAMPA, FL 33606
STREET ADDRESS	1000 A WEST MORRISON AV 725 S. OREGON AVE		
CITY-ST-ZIP	TAMPA, FL 33606		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400101977014
STREET ADDRESS			05/09/07--01049--002 **508.75
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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 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: <i>Keith A. Walder</i>		4/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	
		(813) 254-4544	
		Daytime Phone #	

STAPLE CHECK HERE