


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

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001285			
1. Entity Name WIGGINS PASS CAPITAL, LTD.			
Principal Place of Business 101 E. KENNEDY BLVD., SUITE 2125 TAMPA FL 33602		Mailing Address 101 E. KENNEDY BLVD., SUITE 2125 TAMPA FL 33602	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WHITIS, JAN 101 E. KENNEDY BLVD., SUITE 2125 TAMPA FL 33602			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$25,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 0	
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 #	P02000101143	STREET ADDRESS	
NAME	NJR WIGGINS PASS, INC.	CITY-ST-ZIP	
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 2125		
CITY-ST-ZIP	TAMPA FL 33602		
DOCUMENT #		STREET ADDRESS	000000104308
NAME		CITY-ST-ZIP	04/06/04-80004-019 141.25
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CITY-ST-ZIP			



MOORE CR2E003 (11/03)

4. FEI Number **35-2201243** Applied For
Not Applicable

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-23-04 (813)226-9897