


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

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001304</b> 1. Entity Name WEE-000, LTD.	
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Principal Place of Business 2221 SPRINGS LANDING BLVD. LONGWOOD FL 32779	Mailing Address 2221 SPRINGS LANDING BLVD. LONGWOOD FL 32779
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MOORE CR2E003 (11/03)

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

City & State	City & State	4. FEI Number 14-1848938	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
DIFRANCESCO, JOSEPH 2221 SPRINGS LANDING BLVD. LONGWOOD FL 32779

<b>7. Name and Address of New Registered Agent</b>		
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.	\$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P02000054836
NAME	JOSEPH AND BERNADETTE DIFRANCESCO, INC.
STREET ADDRESS	2221 SPRINGS LANDING BLVD.
CITY-ST-ZIP	LONGWOOD FL 32779
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

U00000096138  
03/25/04-80018-003 526.25

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: *Joseph Difrancesco - General Partner* 2/26/04 (407) 310-3912  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_