

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
Apr 24, 2008 08:00 AM
Secretary of State**

DOCUMENT # A02000001481 1. Entity Name WBTC MANAGEMENT LIMITED PARTNERSHIP LLLP	
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Principal Place of Business 801 NORTH MAGNOLIA AVE., SUITE 300-B ORLANDO FL 32803	Mailing Address 801 NORTH MAGNOLIA AVE., SUITE 300-B ORLANDO FL 32803
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent COX, CHRISTINE A 801 NORTH MAGNOLIA AVE., SUITE 300-B ORLANDO FL 32803	
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4. FEI Number 16-1637844	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 fee if applicable</small>

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	L02000029947 WBTC MANAGEMENT LLC 801 NORTH MAGNOLIA AVE., SUITE 300-B ORLANDO FL 32803	STREET ADDRESS CITY-ST-ZIP	000000920781 05/14/08-80058-006 500.00
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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: *Christine A Cox - Christine A Cox* 4/22/08 352 251 4855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Giving Phone #

STAPLE CHECK HERE