


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

**FILED**  
**Jun 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001575</b>			
1. Entity Name <b>WASO APTS., LTD.</b>			
Principal Place of Business <b>C/O ROBERT SPIELMAN 9200 SOUTH DADELAND BLVD., SUITE 500 MIAMI FL 33156</b>		Mailing Address <b>C/O ROBERT SPIELMAN 9200 SOUTH DADELAND BLVD., SUITE 500 MIAMI FL 33156</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent <b>SPIELMAN, ROBERT E 9200 SOUTH DADELAND BOULEVARD, SUITE 500 MIAMI FL 33156</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record.	<b>\$1,000.00</b>	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 #	P02000125790	STREET ADDRESS	
NAME	WASO, INC.	CITY-ST-ZIP	
STREET ADDRESS	9200 SOUTH DADELAND BOULEVARD, STE 500		
CITY-ST-ZIP	MIAMI FL 33156		
DOCUMENT #		STREET ADDRESS	U000000162585
NAME		CITY-ST-ZIP	06/16/04-00001-019-141.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 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:**  **2/10/04** **305-570-9700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date Daytime Phone #

STAPLE CHECK HERE