

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A02000001590**

1. Entity Name  
W/B WATERBRIDGE DOWNS, LTD.



**FILED**

**06 MAY -1 PM 1:22**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

~~2665 SOUTH BAYSHORE DRIVE, SUITE 1002-~~  
~~MIAMI, FL 33133~~

2121 PONCE DE LEON BLVD., #1250  
CORAL GABLES, FL 33134

Mailing Address

~~2665 SOUTH BAYSHORE DRIVE, SUITE 1002-~~  
~~MIAMI, FL 33133~~

2121 PONCE DE LEON BLVD., #1250  
CORAL GABLES, FL 33134



04262006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

57-1145254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ET AL PA  
% RICHARD E. SCHATZ, 2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI, FL 33130

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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

DOCUMENT # L02000032354  
NAME W/B WATERBRIDGE DOWNS GP, LLC  
STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 1002  
CITY-ST-ZIP MIAMI, FL 33133

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

500075027065  
05/22/06--01043--001 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

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

WARREN P. WEISER

4/24/06

305-854-7342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE