

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A02000001590**

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



FILED

07 MAY 24 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2121 PONCE DE LEON BLVD, #1250  
CORAL GABLES, FL 33134

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182007 Chg-LP CR2E003 (12/06)

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

7. Name and Address of New Registered Agent

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

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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS *2121 PONCE DE LEON Blvd #1250*  
CITY-ST-ZIP *CORAL GABLES FL 33134*

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
**800103636068**  
06/01/07--01005--007 \*\*\$00.00

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STREET ADDRESS  
CITY-ST-ZIP

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 Weiser*

WARREN WEISER

4/26/07 305 854-7342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE