

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

DOCUMENT # A02000001713

1. Entity Name  
W/B ORLANDO OFFICE 1, LTD.



FILED

07 MAY 24 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04182007      Chg-LP      CR2E003 (12/06)

4. FEI Number 59-3763555	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 ALHADEFF  
150 WEST FLAGLER STREET, SUITE 2200  
MIAMI, FL 33130

## 7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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
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13.	ADDRESS CHANGES ONLY
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DOCUMENT #	L02000034665
NAME	W/B ORLANDO OFFICE 1 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	400103636004
CITY-ST-ZIP	06/01/07--01005--006 **500.00

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

STREET ADDRESS	
CITY - ST - ZIP	

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CITY, ST, ZIP	

STREET ADDRESS	
CITY - ST - ZIP	

CITY-STATE-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY, ST., ZIP	08

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Das

Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE