


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUL 12 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAJH

DOCUMENT # A03000000187		
1. Entity Name THE WHEELER INVESTMENTS LIMITED PARTNERSHIP		

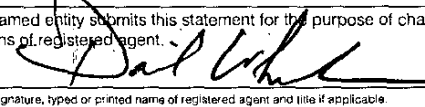
Principal Place of Business 7156 MANDARIN DRIVE BOCA RATON, FL 33433	Mailing Address 7156 MANDARIN DRIVE BOCA RATON, FL 33433
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07082004 Chg-LP CR2E003 (10/03) 7/12	
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316	
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7. Name and Address of New Registered Agent Name DAVID WHEELER Street Address (P.O. Box Number is Not Acceptable) 100 NW 100TH AVE City PLANTATION FL Zip 33324	
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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  DATE 7/8/04	
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9. Capital Contributions as Shown on record. \$5,000.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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	
NAME	WHEELER, ALVIN G	CITY-ST-ZIP	000039686900
STREET ADDRESS	7156 MANDARIN DRIVE		07/29/04--01028--020 **141.25
CITY-ST-ZIP	BOCA RATON, FL 33433		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	WHEELER, JACQUELYN T	CITY-ST-ZIP	
STREET ADDRESS	7156 MANDARIN DRIVE		
CITY-ST-ZIP	BOCA RATON, FL 33433		
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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 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: 	DATE: 7/8/04	DAYTIME PHONE: 954-961-0749
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STAPLE CHECK HERE