

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000000255

1. Entity Name
THE WHEELER REAL ESTATE LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
7156 MANDARIN DRIVE **7156 MANDARIN DRIVE**
BOCA RATON, FL 33433 **BOCA RATON, FL 33433**



01042005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WHEELER, DAVID 100 NW 100TH AVE. PLANTATION, FL 33324				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$5,000.00	10. Amount of Capital Contributions in FLORIDA to date.
--	---

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	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	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: *Alvin G. Wheeler* **ALVIN G. WHEELER** 1/6/05 954-561-0749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #