


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03041 1. Entity Name W. H. V., LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 19 PM 2:14

Principal Place of Business 511 N. MASHTA DRIVE KEY BISCAYNE, FL 33149	Mailing Address 511 N. MASHTA DRIVE KEY BISCAYNE, FL 33149
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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

04052004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1448842	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent HEGAMYER, WILLIAM H 511 N. MASHTA DR. KEY BISCAYNE, FL 33149	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$12,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$12,000.00	\$172.75
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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 #		STREET ADDRESS	
NAME	HEGAMYER, WILLIAM H	CITY-ST-ZIP	
STREET ADDRESS	511 N. MASHTA DRIVE		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		
DOCUMENT #		STREET ADDRESS	500035829345
NAME		CITY-ST-ZIP	05/10/04 01036-022 **172.75
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:  **4-5-04 305.361.2550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #