

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005



FILED

2005 MAY -5 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05022005 Chg-LP CR2E003 (10/03)

DOCUMENT # A03041 1. Entity Name W. H. V., LTD.			
Principal Place of Business 511 N. MASHTA DRIVE KEY BISCAVNE, FL 33149		Mailing Address 511 N. MASHTA DRIVE KEY BISCAVNE, FL 33149	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1448842		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEGAMYER, WILLIAM H 511 N. MASHTA DR. KEY BISCAVNE, FL 33149		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____			
9. Capital Contributions as Shown on record. \$12,000.00		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 #	HEGAMYER, WILLIAM H	STREET ADDRESS	
NAME	511 N. MASHTA DRIVE	CITY-ST-ZIP	
STREET ADDRESS	KEY BISCAVNE, FL 33149		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: 		5/02/05 305-361-2550	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE

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