
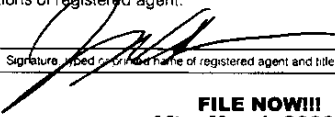
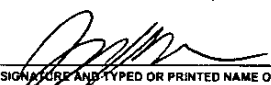


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:47

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # A04000000008			
1. Entity Name WAPATG LTD.			
Principal Place of Business 4122 ROBERTS POINT CIR. SARASOTA, FL 34242		Mailing Address 4122 ROBERTS POINT CIR. SARASOTA, FL 34242	
2. Principal Place of Business 15 Paradise Plaza #373 Suite, Apt. #, etc.		3. Mailing Address 15 Paradise Plaza #373 Suite, Apt. #, etc.	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34239		Country USA	
4. FEI Number 20-0534307		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RHEM, JOSEPH 4122 ROBERTS POINT CIR. SARASOTA, FL 34242		7. Name and Address of New Registered Agent Name Rhem, Joseph Street Address (P.O. Box Number is Not Acceptable) 15 Paradise Plaza #373 City Sarasota FL Zip Code 34239	
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 		4-21-2006 Joseph Rhem	
SIGNATURE		DATE	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M0300004350 DOCKHOUSE VENTURES, LLC 4122 ROBERTS POINT CIR. SARASOTA, FL 34242	STREET ADDRESS CITY-ST-ZIP	15 Paradise Plaza #373 Sarasota 34239
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900074620489 05/15/06--01015--003 **508.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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: 		Joseph Rhem 4-21-2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE