

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A04000000934**

1. Entity Name  
**W/B GATOR SHOPPING CENTER, LTD.**



**FILED**

**06 MAY -1 PM 12:36**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

Principal Place of Business

**2665 S BAYSHORE DR, STE 1002  
MIAMI, FL 33133**

Mailing Address

**2665 S BAYSHORE DR, STE 1002  
MIAMI, FL 33133**

**2121 PONCE DE LEON BLVD., #1250  
CORAL GABLES, FL 33134**

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CORAL GABLES, FL 33134**



04262006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-2343420**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STEARNS WEAVER MILLER, ET AL  
C/O RICHARD E SCHATZ  
150 W FLAGLER ST, MUSEUM TWR, STE 2200  
MIAMI, FL 33130**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

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

DOCUMENT # **L04000040910**  
NAME **W/B GATOR SHOPPING CENTER GP, LLC**  
STREET ADDRESS **2665 S BAYSHORE DR, STE 1002**  
CITY-ST-ZIP **MIAMI, FL 33133**

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**100075017771  
05/22/06--01020--012 \*\*\$00.00**

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

**WARREN P. WEISER**

**4/28/06**

**305-856-7342**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE