


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT #A04000000934</b> 1. Entity Name W/B GATOR SHOPPING CENTER, LTD.	
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FILED

07 MAY 24 AM 9:45

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 2121 PONCE DE LEON BLVD, #1250 CORAL GABLES, FL 33134	Mailing Address 2121 PONCE DE LEON BLVD, #1250 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04182007    Chg-LP    CR2E003 (12/06)

4. FEI Number 20-2343420	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  STEARNS WEAVER MILLER, ET AL C/O RICHARD E SCHATZ 150 W FLAGLER ST, MUSEUM TWR, STE 2200 MIAMI, FL 33130	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 # L04000040910 NAME W/B GATOR SHOPPING CENTER GP, LLC STREET ADDRESS 2665 S BAYSHORE DR, STE 1002 CITY-ST-ZIP MIAMI, FL 33133	STREET ADDRESS <i>2121 PONCE DE LEON BLVD #1250</i> CITY-ST-ZIP <i>CORAL GABLES FL 33134</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <i>200103637762</i> <i>06/01/07--01006--016 **500.00</i>
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STAPLE CHECK HERE

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

<b>SIGNATURE:</b> <i>Warren Weaver</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date <i>4/26/07</i>	Daytime Phone # <i>305-854-7342</i>
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