2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Due By May 1, 2005							FILED				
DOCUMENT # A0400001304 1. Entity Name ACKERMAN-WCI LIMITED PARTNERSHIP							2005 APR 28 PM 1: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 8477 BAY COLONY DRIVE UNIT #501 NAPLES, FL 34108 US			Mailing Address 8477 BAY COLONY DRIVE UNIT #501 NAPLES, FL 34108 US								
24311 W	lace of Business Valden Cen	ter Drive	3. Mailing Address 24311 Walden Center Dri			re				#	
Suite, Apt. #, etc. Suite 300			Suite, Apt. #, etc. Suite 300				4252005	Chg-LP	CR2E00	03 (10/03)	
City & State Bonita Springs, FL			City & State Bonita Spring	L	4.	4. FEI Number Applied For 20-1491853 Not Applicable					
Zip 34134	Country USA		Zip Count 34134 USA		•	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and	legistered Agent				Name and A	ddress of New F	Registered A	gent		
NICI, JAMES R ESQ. 1185 IMMOKALEE RD. SUITE #110 NAPLES, FL 34110					Street Addr c/o C 24311	n E. Ackerman Address (P.O. Box Number is Not Acceptable) Chandelle Ventures Inc. Bll Walden Center Drive, Suite 300					
					· · · · · · · · · · · · · · · · · · ·					Zip Code 34 I 34	
the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Don E. Ackerman										5	
9. Capital Contributions as Shown on record. \$40,000,000.00 as Shown on record. \$40,000,000.00 bin FLORIDA to date. \$0											
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	P04000115975 ACKERMAN-W	STRE		EET ADDRESS	24311	Walden	Center :	Drive,	Suite 300		
STREET ADDRESS CITY-ST-ZIP	8477 BAY COL NAPLES, FL 3			CITY-ST-ZIP			a Sprin	gs, FL	34134		
DOCUMENT # NAME STREET ADDRESS					ET ADDRESS		900054926829				
CITY-ST-ZIP				-ST-ZIP		05/23/0501004001 **150.00					
NAME				STRE	ET ADDRESS			•••			
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP											
OOCUMENT #				STRE	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				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 errotowered to execute this report as required by Chapter 620, Florida Statutes											