

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -2 AM 10: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001735

1. Entity Name
GULF COAST ICE VENDING, LLLP



Principal Place of Business
8543 SW AVIARY ROAD
ARCADIA, FL 34269

Mailing Address
8543 SW AVIARY ROAD
ARCADIA, FL 34269



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGNER, E. JOHN II
200 SOUTH ORANGE AVE.
SARASOTA, FL 34236

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

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

DATE

9. Capital Contributions
as Shown on record. \$250,000.00

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 #	L04000078757	STREET ADDRESS	
NAME	WSB HOLDINGS, LLC	CITY- ST- ZIP	
STREET ADDRESS	8543 SW AVIARY ROAD		
CITY- ST- ZIP	ARCADIA, FL 34269		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
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STREET ADDRESS			
CITY- ST- ZIP			

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

(Daytime Phone #)

STAPLE CHECK HERE