

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A04000001778

1. Entity Name
W/B ESTERO, LTD.



FILED

07 MAY 24 AM 9:42

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



04182007 Chg-LP CR2E003 (12/06)

4. FEI Number
20-1899851

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 WEISSLER ALHADEFF &
SITTERSON, P.A.
150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130

7. Name and Address of New Registered Agent

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

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

DOCUMENT # L04000081499
NAME W/B ESTERO GP, LLC
STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 1002
CITY-ST-ZIP MIAMI, FL 33133

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2121 PONCE DE LEON BLVD #1250
CITY-ST-ZIP CORAL GABLES FL 33134

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 700103637717
CITY-ST-ZIP 06/01/07--01006--014 **500.00

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

Warren Weaver 4/26/07

305-854-7342