



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 28 AM 11:30

<b>DOCUMENT # A04000001889</b> 1. Entity Name A-1 CLOSINGS, LTD.					
Principal Place of Business 601 LITHIA PINECREST RD BRANDON, FL 33511			Mailing Address P.O. BOX 763 BRANDON, FL 33509		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02072005 Chg-LP CR2E003 (10/03)	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WHITE, DONELLE A ESQ 601 LITHIA PINECREST RD BRANDON, FL 33511				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$12,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$3,000		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P04000146370		STREET ADDRESS		
NAME	W SQUARED, INC.		CITY-ST-ZIP		
STREET ADDRESS	601 LITHIA PINECREST RD				
CITY-ST-ZIP	BRANDON, FL 33511				
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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 empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <u>Donelle A. White</u> Donelle A. White			Date: <u>7/19/05</u> Daytime Phone #: <u>83/6724777</u>		

STAPLE CHECK HERE