

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 AM 8:46**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # A05000000288**

1. Entity Name  
**TEMPUS PUERTO RICO DEVELOPMENT, LTD., S.E.**



Principal Place of Business  
**7380 SAND LAKE ROAD, SUITE 600  
ORLANDO, FL 32819**

Mailing Address  
**7380 SAND LAKE ROAD, SUITE 600  
ORLANDO, FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202006 Chg-LP CR2E003 (11/05)

4. FEI Number

**20-2327859**

Applied For

Not Applicable

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

**A.G.C. CO.  
200 SOUTH ORANGE AVE., SUITE 2300  
ORLANDO, FL 32801**

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, 2006, 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 # **L04000000352**  
NAME **WVO PUERTO RICO, LLC**  
STREET ADDRESS **7380 SAND LAKE ROAD, SUITE 600**  
CITY-ST-ZIP **ORLANDO, FL 32819**

STREET ADDRESS

CITY-ST-ZIP

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**400075014854**  
**05/22/06--01013--022 \*\*508.75**

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

*Roger Farwell,*  
**President of G.P.**  
**of mgr member of**  
**Gen Prr**

**4/21/06**

Date

**407-226-1000**

Daytime Phone #

STAPLE CHECK HERE