


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

**FILED**  
**06 JUN 13 PM 12:27**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

DOCUMENT # A05000000388		
1. Entity Name WC LAND HOLDINGS, LTD.		

Principal Place of Business 3434 COLWELL AVENUE, STE 120 TAMPA, FL 33614	Mailing Address 3434 COLWELL AVENUE, STE 120 TAMPA, FL 33614
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02072006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-4764230	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILSON, PEYTON T 33 E WALL STREET FROSTPROOF, FL 33843		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 # NAME STREET ADDRESS CITY - ST - ZIP	P05000026708 MAXCY DEVELOPMENT GROUP, INC. 33 E WELL STREET FROSTPROOF, FL 33843	STREET ADDRESS	
		CITY - ST - ZIP	
			000076365250
			06/20/06--01014--019 **500.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
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		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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] 4-26-06 863.635.4804  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE