

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:42

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



Principal Place of Business 33 E WALL STREET FROSTPROOF, FL 33843	Mailing Address 33 E WALL STREET FROSTPROOF, FL 33843
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2. Principal Place of Business - No P.O. Box #  21299 US Hwy 27 Lake Wales, FL 33859-6851	3. Mailing Address  P. O. BOX 3737 Lake Wales, FL 33859-3737
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04232008 Chg-LP CR2E003 (12/06)

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  WILSON, PEYTON T 33 E WALL STREET FROSTPROOF, FL 33843	7. Name and Address of New Registered Agent  David A. Miller 21299 US Hwy 27 Lake Wales, FL 33859-6851
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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.

4/23/2008  
 DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 WALL STREET FROSTPROOF, FL 33843	STREET ADDRESS CITY - ST - ZIP	21299 US Hwy 27 Lake Wales, FL 33859
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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]*

4-28-08

863.679.6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE