


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 07 MAY 24 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A05000000537 1. Entity Name WPB COMMERCE PARK, LIMITED	
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Principal Place of Business 772 LAGOON DRIVE NORTH PALM BEACH, FL 33408	Mailing Address 772 LAGOON DRIVE NORTH PALM BEACH, FL 33408
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip



01152007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2539148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MACKEY, WALTER J JR 772 LAGOON DRIVE NORTH PALM BEACH, FL 33408	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 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	13. ADDRESS CHANGES ONLY
DOCUMENT # P99000044137 NAME MACKEY DEVELOPMENT, INC. STREET ADDRESS 772 LAGOON DRIVE CITY - ST - ZIP NORTH PALM BEACH, FL 33408	STREET ADDRESS 800103636488 CITY - ST - ZIP 06/01/07--01005--018 ***500.00

STAPLE CHECK HERE

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: *Debra Williams Secretary Treasura G.P 4/4/07* 561-848-8760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #