


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 1:28

DOCUMENT # A05000000537		
1. Entity Name WPB COMMERCE PARK, LIMITED		

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 # 631 US HWY ONE	3. Mailing Address 631 US HWY ONE
Suite, Apt. #, etc. SUITE 406	Suite, Apt. #, etc. SUITE 406
City & State NORTH PALM BEACH	City & State NORTH PALM BEACH
Zip 33408	Country USA



04142008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2539148		Applied For <input type="checkbox"/> 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) 631 US HWY ONE SUITE 406 City NORTH PALM BEACH FL Zip Code 33408		

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.

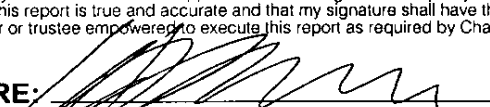
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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	P99000044137 MACKEY DEVELOPMENT, INC. 772 LAGOON DRIVE NORTH PALM BEACH, FL 33408	STREET ADDRESS CITY-ST-ZIP	631 US HWY ONE, SUITE 406 NORTH PALM BEACH FL 33408
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200127248432 04/30/08--01011--014 **500.00
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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:  **WALTER J. MACKEY, JR., P.** 4/14/08 561-848-8760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #