


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A05000001715</b>		
1. Entity Name W/B ESTERO II, LTD.		

Principal Place of Business 2121 PONCE DE LEON BLVD, #1250 CORAL GABLES, FL 33134	Mailing Address 2121 PONCE DE LEON BLVD, #1250 CORAL GABLES, FL 33134
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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	Country

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



04182007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-3427666	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  <b>STEARNS WEAVER MILLER WEISSLER ALHADEFF &amp; C/O RICHARD E. SCHATZ</b> 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**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 #	L05000088105	STREET ADDRESS	2121 PONCE DE LEON BLVD #1250
NAME	W/B ESTERO II GP, LLC	CITY-ST-ZIP	CORAL GABLES FL 33134
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 1002	STREET ADDRESS	100103637691
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	06/01/07--01006--013 **\$500.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <u>Warren Wersel</u> 4/26/07 305-854-7342	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Daytime Phone #
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