


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

<b>DOCUMENT # A05000001716</b> 1. Entity Name W/B PINES BOULEVARD, LTD.	
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**FILED**

**06 MAY -1 PM 2:36**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, SUITE 1002 MIAMI, FL 33133 2121 PONCE DE LEON BLVD., #1250 CORAL GABLES, FL 33134	Mailing Address 2665 SOUTH BAYSHORE DRIVE, SUITE 1002 MIAMI, FL 33133 2121 PONCE DE LEON BLVD., #1250 CORAL GABLES, FL 33134
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2. Principal Place of Business	3. Mailing Address	04262006	Chg-LP	CR2E003 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 20-4400072	Applied For Not Applicable	
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	

<b>6. Name and Address of Current Registered Agent</b> STEARNS WEAVER MILLER WEISSLER ALHADEFF & C/O RICHARD E. SCHATZ 150 WEST FLAGLER STREET MIAMI, FL 33130	<b>7. Name and Address of New Registered Agent</b> 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.

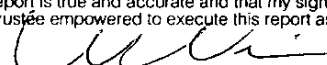
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 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 #	L05000088926	STREET ADDRESS	
NAME	W/B PINES BOULEVARD GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 1002		
CITY-ST-ZIP	MIAMI, FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500075017735
STREET ADDRESS			05/22/06--01020--010 **500.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		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:**  **WARREN P. WAISER** **4/24/06** **305-854-7342**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE