


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000001796		
1. Entity Name WB BOLTON PLAZA, 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 20-4399870	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 SCHATZ, RICHARD E STEARNS WEAVER MILLER WEISSLER ET AL 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.

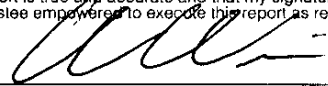
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	WB BOLTON PLAZA GP, LLC	STREET ADDRESS	2121 PONCE DE LEON BLVD #1250
NAME	2665 SOUTH BAYSHORE DRIVE, SUITE 1002	CITY - ST - ZIP	CORAL GABLES FL 33134
STREET ADDRESS	MIAMI, FL 33133		
CITY - ST - ZIP		STREET ADDRESS	500108635835
		CITY - ST - ZIP	06/01/07--01005--001 **500.00
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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 Weaver 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

305-854-7342
Daytime Phone #

STAPLE CHECK HERE