

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # A05000001796

1. Entity Name
W/B 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



04172008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4399870

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

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

DOCUMENT #
NAME W/B BOLTON PLAZA GP, LLC
STREET ADDRESS 2121 PONCE DE LEON BLVD., #1250
CITY-ST-ZIP CORAL GABLES, FL 33134

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400000937107
05/27/08-80036-021 500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE