2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED DOCUMENT # A05000002013 1. Entity Name W/B 10800, LTD. 06 MAY -1 PM 2: 35 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIDA 2665 SOUTH BAYSHORE DRIVE, SUITE 1002 2665 SOUTH BAYSHORE DRIVE, SUITE 1002 MIAMI, FL 33133 2121 PONCE de LEON BLUD., #1250 MIAMI, FL 33133 2121 Ponce de Léon Bhud., # 250 CORAL GABLES, 9L 33134 CORAL GABLES, 7L. 33134 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 CR2E003 (11/05) Chg-LP City & State City & State 4. FEI Number Applied For 20-4399666 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEARNS WEAVER MILLER WEISSLER ALHADEFF & Street Address (P.O. Box Number is Not Acceptable) SITTERSON, P.A. 150 WEST FLAGLER ST, STE 1 002 MUSEUM TOWER, C/O RICHARD E. SCHATZ MIAMI, FL 33130 Zip Code City FL 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 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 ADDRESS CHANGES ONLY L05000103441 DOCUMENT / STREET ADDRESS NAME W/B 10800 GP, LLC STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 1002 CITY-ST-ZIP CITY-ST-ZIF MIAMI, FL 33133 DOCUMENT # STREET ADDRESS <u>30007501742:</u> 05/22/06--01020--001 *** NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 WARREN P. WEISER 305-8547342 SIGNATURE:

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER