2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A05000002223

1. Entity Name

WLNY LIMITED PARTNERSHIP



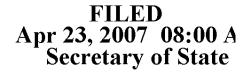
Principal Place of Business

C/O WLNY-TV, INC.

270 S SERVICE RD., SUITE 55 MELVILLE, NY 11747

Mailing Address

C/O WLNY-TV, INC. 270 S SERVICE RD., SUITE 55 MELVILLE, NY 11747





DO NOT WRITE IN THIS SPACE

04182007 No Chg-LP

CR2E003 (12/06)

4. F	El Number		Applied For
2	20-3950142		Not Applicable
5, (Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

UNITED CORPORTE SERVICES, INC. 9200 SOUTH DADELAND BOULEVARD, SUITE 508 MIAMI, FL 33156 DO NOT WRITE IN THIS SPACE

*FILE NOW!!! FFE IS \$500.00 -		
Signature: typed or printed name of registered agent and title if applicable.	DATE	
SIGNATURE		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.	or boin, in the state of Florida. Tam familiar with, and accept	
	or both, in the state of Florida. I am fathilial with, and accept	

*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.

NOTE: General Partners MAY NOT be change					
ľ	12.	GENERAL PARTNER INFORMATION			
	DOCUMENT #	P05000163449			
	NAME	WLNY GP, INC.			
Ì	STREET ADDRESS	270 S SERVICE RD., SUITE 55			
	CITY-ST-ZIP	MELVILLE, NY 11747			
ſ	DOCUMENT #				
	NAME				
-	STREET ADDRESS				
-	CITY-ST-ZIP				
-	DOCUMENT /				
	NAME				
	STREET ADDRESS				
	CITY-ST-ZIP				
ſ	DOCUMENT #				
	NAME				
. [STREET ADDRESS				
5 (CITY-ST-ZIP				
5	DOCUMENT ₽				
מניין עסיינים	NAME				
ξl	STREET ADDRESS				
	CITY-ST-ZIP				
	DOCUMENT #				
5	NAME				
	STREET ADDRESS				
Į	CITY-ST-ZIP	<u> </u>			

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:

Charles E. Becker

4/18/0-

631-777-8855

Daytime Phone #