


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A06000000783**

1. Entity Name  
**W/B INDRIO ROAD, LTD.**



FILED  
 07 MAY 24 AM 9: 42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
**2121 PONCE DE LEON BLVD.  
 SUITE 1250  
 CORAL GABLES, FL 33134**

Mailing Address  
**2121 PONCE DE LEON BLVD.  
 SUITE 1250  
 CORAL GABLES, FL 33134**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04182007 Chg-LP CR2E003 (12/06)

4. FEI Number  
**20-5059724**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**STEARNS WEAVER MILLER WEISSLER ALHADEFF &  
 C/O RICHARD E. SCHATZ, ESQ  
 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

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>L06000059948 W/B INDRIO ROAD GP, LLC 2121 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>	STREET ADDRESS CITY - ST - ZIP	<b>500103635915 06/01/07--01005--003 **500.00</b>
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STAPLE CHECK HERE

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* **Warren Weaver** 4/26/07 **305-854-7342**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #