



2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 AM 8:33

DOCUMENT # A07000000720 1. Entity Name BALANCE CENTERS OF ST. PETERSBURG, LTD.					
Principal Place of Business 400 12TH AVENUE NORTH, SUITE 400 ST. PETERSBURG, FL 33701			Mailing Address 400 12TH AVENUE NORTH, SUITE 400 ST. PETERSBURG, FL 33701		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 04172008 Chg-LP CR2E003 (12/06)		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILLIAMS, LARRY J 400 12TH AVENUE NORTH, SUITE 400 ST. PETERSBURG, FL 33701				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				500130451385 05/30/08--01007--02 **500.00 <small>DATE</small>	
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P04000141626		STREET ADDRESS		
NAME	WFE HOLDINGS, INC.		CITY-ST-ZIP		
STREET ADDRESS	400 12TH AVENUE NORTH, SUITE 400				
CITY-ST-ZIP	ST. PETERSBURG, FL 33701				
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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: <i>Larry Williams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			6/18/08 727-896-2222 5X2140 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

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