

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT


Due By May 1, 2005

52.50

52.5

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -7 AM 10: 01

<b>DOCUMENT # A08131</b>					
1. Entity Name WIMM, LTD.					
Principal Place of Business 9200 S. DADELAND BLVD. STE. #308 MIAMI, FL 33156			Mailing Address 9200 S. DADELAND BLVD. STE. #308 MIAMI, FL 33156		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1987584	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUDOLPH, RONALD W 9200 S. DADELAND BLVD. STE. #308 MIAMI, FL 33156			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	ANDERSON, WILLIAM WAY		STREET ADDRESS		
NAME	9330 BALADA ST				
STREET ADDRESS	CORAL GABLES, FL 33143		CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME					
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NAME					
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>William Way Anderson</i>			Date: 1/11/05 305 661 2907		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER WILLIAM WAY ANDERSON GENERAL PART					

STAPLE CHECK HERE

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02/11/05--01013--011 \*\*88.75