

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A14831



1. Entity Name
WILLIAMS ISLAND COUNTRY CLUB, LTD.

Principal Place of Business
**7900 ISLAND BOULEVARD
 N. MIAMI BEACH, FL 33160**

Mailing Address
**7900 ISLAND BOULEVARD
 N. MIAMI BEACH, FL 33160**

2. Principal Place of Business
4000 ISLAND BOULEVARD

3. Mailing Address
4000 ISLAND BOULEVARD

Suite, Apt. #, etc.
PH2

Suite, Apt. #, etc.
PH2

City & State
AVENTURA, FL

City & State
AVENTURA, FL

Zip
33160

Country
USA

Zip
33160

Country
USA

04262004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2372334

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MATUS, ALAN
 7900 ISLAND BLVD.
 N. MIAMI BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name
MATUS, ALAN
 Street Address (P.O. Box Number is Not Acceptable)
4000 ISLAND BOULEVARD, PH2
 City
AVENTURA FL Zip Code
33160

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.

ALAN MATUS

04-28-04

DATE

9. Capital Contributions as Shown on record. **\$1,500.00**

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

DOCUMENT # **F93000004571**
 NAME **WICC HOLDINGS, INC.**
 STREET ADDRESS **4000 ISLAND BLVD.**
 CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800036061778
05/11/04--01064--018 **141.25

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:

ALAN MATUS

04-28-04 (305) 937-7826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

04 APR 29 PM 12:55

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

