


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT #A17976 1. Entity Name WIBBERLEY ENTERPRISES LIMITED	
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FILED

07 FEB 26 AM 9:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1405 TROUT DRIVE PANAMA CITY BEACH, FL 32411	Mailing Address P.O. BOX 27101 PANAMA CITY BEACH, FL 32411
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2. Principal Place of Business - No P.O. Box # 3001 W 10TH ST Suite, Apt. #, etc. Unit # 210 City & State Panama City, FL Zip 32401	3. Mailing Address 3001 W 10TH ST Suite, Apt. #, etc. # 210 City & State Panama City, FL Zip 32401
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02202007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent BURKE, LES W 221 MCKENZIE AVENUE PANAMA CITY, FL 32401	
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4. FEI Number 59-2447833	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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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>	
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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 #	WIBBERLEY, LEILANI S	STREET ADDRESS	
NAME	1405 TROUT DRIVE	CITY-ST-ZIP	
STREET ADDRESS	PANAMA CITY BEACH, FL 32411		
CITY-ST-ZIP			
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000089611790
 02/27/07--01056--012 **500.00

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: Leilani S. Wibberley 2-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE