


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Mar 06, 2008 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # A17976 1. Entity Name WIBBERLEY ENTERPRISES LIMITED |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 3001 W 10TH ST UNIT #210 PANAMA CITY, FL 32401 | Mailing Address 3001 W 10TH ST UNIT #210 PANAMA CITY, FL 32401 |
|---|---|

DO NOT WRITE IN THIS SPACE



03042008 No Chg-LP CR2E003 (12/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2447833 | 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

BURKE, LES W
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401

**DO NOT WRITE
IN THIS SPACE**

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, 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 | |
|---------------------------------|-----------------------------|
| DOCUMENT # | |
| NAME | WIBBERLEY, LEILANI S |
| STREET ADDRESS | 1405 TROUT DRIVE |
| CITY-ST-ZIP | PANAMA CITY BEACH, FL 32411 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/21/08-80045-009 500.00

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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: *Leilani S. Wibberley* 3-4-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #