


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A18679 1. Entity Name WAKSTEIN LIMITED						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR 25 AM 9:41	
Principal Place of Business 204-A ELLEN LANE PANAMA CITY, FL 32408-5830				Mailing Address 204-A ELLEN LANE PANAMA CITY, FL 32408-5830			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 59-2438612				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WAKSTEIN, GARY 204-A ELLEN LANE PANAMA CITY BEACH, FL 32408				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$900.00				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 # NAME STREET ADDRESS CITY - ST - ZIP WAKSTEIN, HERMAN 2693 ISLAND VIEW DR PANAMA CITY, FL				STREET ADDRESS CITY - ST - ZIP <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> 000049887960 04/05/05--01015--011 **141.25 </div>			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP WAKSTEIN, GARY 204 A ELLEN LANE PANAMA CITY BCH, FL 32408				STREET ADDRESS CITY - ST - ZIP			
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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: 				Date 3/22/05 Daytime Phone # 850-234-6112			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							

STAPLE CHECK HERE