


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**Aug 31, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A20683</b> 1. Entity Name <b>WILCOX HOLDINGS, LTD.</b>	
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Principal Place of Business <b>267 JOHN KNOX ROAD SUITE 100 TALLAHASSEE, FL 32303</b>	Mailing Address <b>267 JOHN KNOX ROAD SUITE 100 TALLAHASSEE, FL 32303</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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08272007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-2651871</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WILCOX, W. EUGENE 267 JOHN KNOX ROAD SUITE 100 TALLAHASSEE, FL 32303</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**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.**

<b>12. GENERAL PARTNER INFORMATION</b>	
DOCUMENT #	<b>L04000068759</b>
NAME	<b>WILCOX MANAGEMENT GROUP, LLC</b>
STREET ADDRESS	<b>267 JOHN KNOX RD SUITE 100</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32303</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

U000000773155  
08/31/07-80003-002 900.00

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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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE