


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A21234</b>	
1. Entity Name <b>WPB HEALTHSTYLES, LTD.</b>	

Principal Place of Business <b>2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129</b>	Mailing Address <b>2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129</b>
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MOORE CR2E003 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. # etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2600975</b>	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>DAVID, MARY ANN Y ESQ 2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$2,500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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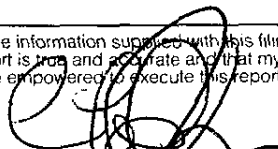
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>M22768 ROSECLIFF, INC. 2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129</b>	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-ST-ZIP	

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05/07/04-20017-013 526.25

STAPLE CHECK HERE

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

<b>SIGNATURE:</b> 	<b>Clifford D. Rosen</b>	<b>4/1/04</b>	<b>(305) 859-4900</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>