

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A21234 1. Entity Name WPB HEALTHSTYLES, LTD.					
Principal Place of Business 2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129			Mailing Address 2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2600975 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1ST MOORE CR2E003 (10/04)	
6. Name and Address of Current Registered Agent DAVID, MARY ANN Y ESQ 2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129				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>	
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. \$2,500,000.00			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 #	M22768			STREET ADDRESS	
NAME	ROSECLIFF, INC.			CITY-ST-ZIP	
STREET ADDRESS	2333 BRICKELL AVE., SUITE D-1				
CITY-ST-ZIP	MIAMI FL 33129				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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STREET ADDRESS					
CITY-ST-ZIP					



11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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05/11/05-80005-019 526.25

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)(f), 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: **Clifford D. Rosen** **4/25/05** **305.859.4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #