


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

06 MAY -1 PM 1:21

SECRETARY OF STATE



1st MOORE CR2E003 (10/05)

4. FEI Number 59-2600975		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		7. Name and Address of New Registered Agent	
DAVID, MARY ANN Y ESQ 2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129		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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	
STREET ADDRESS			
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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 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:  **Clifford D. Rosen** **4/25/06** **305.859.4900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE