

**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
Jun 01, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A28152</b> 1. Entity Name WRM EQUITY INVESTMENTS, LTD.					
Principal Place of Business 928-D MAR WALT DRIVE FORT WALTON BEACH, FL		Mailing Address 928-D MAR WALT DRIVE FORT WALTON BEACH, FL			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2934858</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOSTER, WILLIAM SCOTT 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH, FL 32548</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>	
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. <b>\$970.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>MARSHALL, WILLIAM R. 928-D MAR WALT DRIVE FT. WALTON BEACH, FL</b>		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: <i>William R. Marshall</i>			Date: <b>4-28-04</b>		Daytime Phone #: <b>(850) 862-7509</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>



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