2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT #A32411

1. Entity Name WBMC INVESTORS, LTD.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 18 AM 9: 45

Principal Place of Business

1500 W. CYPRESS CREEK RD., SUITE 409 FT. LAUDERDALE, FL 33309

Mailing Address

1500 W. CYPRESS CREEK RD., SUITE 409 FT. LAUDERDALE, FL 33309



02242006 No Chg-LP

CR2E003 (11/05)

| 4. FEI Number | Applied For |
|----------------------------------|-----------------------------------|
| 65-0728524 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHULTZ, MICHAEL E C/O BRENNER REAL ESTATE GROUP 1500 W. CYPRESS CREEK RD., SUITE 409 FT. LAUDERDALE, FL 33309

| DO | NOT | WR | ITE |
|------|------|-----|-----|
| IN 1 | THIS | SPA | CE |

| 8. | The above named entity submit | s this statement for the purp | oose of changing its r | egistered office or re | egistered agent, or both, | in the State of Florida. | I am familiar with, | and accept |
|----|----------------------------------|-------------------------------|------------------------|------------------------|---------------------------|--------------------------|---------------------|------------|
| 1 | the obligations of registered ag | ent. | | | 300 | 007589 | 3823 | |

SIGNATURE _____

)6/06/06--01060--007 **650.*0*

DAT

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00

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.

| | <u> </u> | | | | | | |
|-------------------|---|---|--|--|--|--|--|
| | 12. | 2. GENERAL PARTNER INFORMATION | | | | | |
| | DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | V01284 WBMC EQUITY CORPORATION 1500 W. CYPRESS CREEK RD., SUITE 409 FT. LAUDERDALE, FL 33309 | | | | | |
| STAPLE CHECK HERE | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
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DO NOT WRITE IN THIS SPACE

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

4/13/06

Daytima Phone #