2006 LIMITED, PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Feb 01, 2006 08:00 AM DOCUMENT # A32726 **Secretary of State** 1. Entity Name WHISPERING WATERS N.W., LTD. Principal Place of Business Mailing Address 8371 WATERFORD CIRCLE 8371 WATERFORD CIRCLE TAMARAC, FL 33321 TAMARAC, FL 33321 01192006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEL Number Applied For 65-0322543 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent REINHARD, SANFORD N., ESQ., P.A. DO NOT WRITE 2875 NE 191ST STREET SUITE 404 IN THIS SPACE NORTH MIAMI BEACH, FL, FL 33180 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, 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, GENERAL PARTNER INFORMATION 12. DOCUMENT # V21849 NAME MAWW, INC. U00000413970 STREET ADDRESS 8371 WATERFORD CIR. 02/11/06-80017-012 500.00 CITY-ST-ZIP TAMARAC, FL 33321 DOCUMENT # NAME STREET ADDRESS CITY-ST-7/P DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP OOCUMENT# NAME STREET ADDRESS

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions comained 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:

COV-ST-7P DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP