

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A93000000035

1. Entity Name
WEPERCON, LTD.



Principal Place of Business
4 N. PERROTT DRIVE
ORMOND BEACH, FL 32174

Mailing Address
4 N. PERROTT DRIVE
ORMOND BEACH, FL 32174



DO NOT WRITE IN THIS SPACE

04112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3160194

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNORS, MICHELE P.
4 N. PERROTT DRIVE
ORMOND BEACH, FL 32174

DO NOT WRITE
IN THIS SPACE

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

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

DATE

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

U00000522540
05/03/06-80033-012 500.00

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
CONNORS, MICHELE P
4 N. PERROTT DRIVE
ORMOND BEACH, FL 32174

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-17-06

STAPLE CHECK HERE