


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # A93000000841					
1. Entity Name WINTMART LIMITED PARTNERSHIP					
Principal Place of Business C/O DELTA EQUITIES 275 MADISON AVENUE, 30TH FLOOR NEW YORK, NY 10016			Mailing Address C/O DELTA EQUITIES 275 MADISON AVENUE, 30TH FLOOR NEW YORK, NY 10016		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-3720347	
				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 SCHEU, WILLIAM 1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P93000011184		STREET ADDRESS		
NAME	WINTMART REALTY CORP.		CITY-ST-ZIP		
STREET ADDRESS	275 MADISON AVENUE, 30TH FLOOR				
CITY-ST-ZIP	NEW YORK, NY 10016				
DOCUMENT #			STREET ADDRESS	000000773813	
NAME			CITY-ST-ZIP	01/11/08-80052-009 500.00	
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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: <u>William Scheu</u> <u>Elliott Forgasch</u> <u>1/8/08</u> <u>212 492 0050</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <small>Date</small> <small>Daytime Phone #</small>					

STAPLE CHECK HERE