

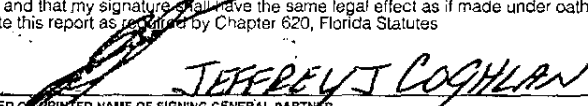


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000000949 1. Entity Name WENDBEACH ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business C/O WENDBEACH CORP. 704 WEST 23RD STREET PANAMA CITY, FL 32405			Mailing Address C/O WENDBEACH CORP. 27 CENTRAL AVENUE CORTLAND, NY 13045		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
					
			04222005 Chg-LP CR2E003 (10/03)		
			4. FEI Number 59-3254599		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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				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 file if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,343,000.00			10. Amount of Capital Contributions in FLORIDA to date. 2343000		
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 #	P94000050253		STREET ADDRESS		
NAME	WENDBEACH CORP.		CITY-ST-ZIP		
STREET ADDRESS	704 WEST 23RD STREET				
CITY-ST-ZIP	PANAMA CITY, FL 32405				
DOCUMENT #			STREET ADDRESS	000000365519	
NAME			CITY-ST-ZIP	05/11/05-80004-025 526.25	
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CITY-ST-ZIP					
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: 			Date 4-27-05 Daytime Phone # 607 753-6401		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE