

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A94000001781

1. Entity Name

W.T.V.A., LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -7 AM 9:44

Principal Place of Business

% WAIKIKI TRUSTS, INC.
18425 NW 2ND AVENUE
MIAMI FL 33169

Mailing Address

% WAIKIKI TRUSTS, INC.
18425 NW 2ND AVENUE
MIAMI FL 33169

2. Principal Place of Business

BENNETT M. LIFTER, INC.
Suite, Apt. #, etc. P.O. BOX 694645
17760 NW 2nd AVE., STE. 200
MIAMI, FL 33269-1645

3. Mailing Address

BENNETT M. LIFTER, INC.
Suite, Apt. #, etc. P.O. BOX 694645
17760 NW 2nd AVE., STE. 200
MIAMI, FL 33269-1645



1ST MOORE

CR2E003 (10/04)

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Zip

Country

Zip

Country

4. FEI Number

65-0565079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAIKIKI TRUSTS, INC.
18425 NW 2ND AVENUE
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

17760 NW 2ND AVE #200

City

MIAMI

FL

Zip Code
33169

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

[Handwritten signature: Bennett M. Lifter]

2/4/05

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

DATE

9. Capital Contributions
as Shown on record.

\$4,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 # P93000057217
NAME WAIKIKI TRUSTS, INC.
STREET ADDRESS 18425 NW 2ND AVENUE
CITY-ST-ZIP MIAMI FL 33169

DOCUMENT #
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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:

[Handwritten signature: Bennett M. Lifter]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/4/05

Daytime Phone #

STAPLE CHECK HERE