

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A94000001781**

1. Entity Name  
**W.T.V.A., LTD.**



**Principal Place of Business**

**BENNETT M LIFTER, INC.**  
17760 NW 2ND AVE., #200, PO BOX 694645  
MIAMI, FL 33269-1645

**Mailing Address**

**BENNETT M LIFTER, INC.**  
17760 NW 2ND AVE., #200, PO BOX 694645  
MIAMI, FL 33269-1645



01032007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

**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.**  
17760 NW 2ND AVE #200  
MIAMI, FL 33169

**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 date if applicable.

**DATE**

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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**

**DOCUMENT #** P93000057217  
**NAME** WAIKIKI TRUSTS, INC.  
**STREET ADDRESS** 17760 NW 2ND AVE #200  
**CITY- ST- ZIP** MIAMI, FL 33169

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U000000735125  
05/10/07-80021-009 500.00

**DO NOT WRITE**  
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STAPLE CHECK HERE

**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:**

*Bennett M. Lifter*  
**Bennett M. Lifter 4-24-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

**305-652-5806**

Daytime Phone #