


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**  
**Sep 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000001887</b> 1. Entity Name <b>WILSON PROPERTIES, LTD.</b>					
Principal Place of Business <b>1002 GARDENIA DR.          TALLAHASSEE, FL 32312</b>		Mailing Address <b>1002 GARDENIA DR.          TALLAHASSEE, FL 32312</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3297894</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>WILSON, DOROTHY C          1002 GARDENIA DR.          TALLAHASSEE, FL 32312</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$2,246,150.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>WILSON, DOROTHY C          1002 GARDENIA DR.          TALLAHASSEE, FL 32312</b>		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>WILSON, WILLIAM H          1002 GARDENIA DR.          TALLAHASSEE, FL 32312</b>		STREET ADDRESS CITY-ST-ZIP	<b>U000000172318          09/17/04-80003-008 326.25</b>	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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					
<b>SIGNATURE: <i>Dorothy C. Wilson</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<b>8/17/04</b> <small>Date</small>		<b>385-1476</b> <small>Daytime Phone #</small>

STAPLE CHECK HERE