

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000000530

1. Entity Name
WLAB LIMITED PARTNERSHIP



Principal Place of Business
**1717 PENN AVENUE
PITTSBURGH, PA 15221**

Mailing Address
**1717 PENN AVENUE
PITTSBURGH, PA 15221**



04052007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 65-0670200 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HCRM CORP.
2200 CORPORATE BLVD., N.W., STE. 401
BOCA RATON, FL 33431**

**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 title 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 # | P02246 |
| NAME | NOVA MARKETING AND DEVELOPMENT CORPORATION |
| STREET ADDRESS | 1717 PENN AVE., SUITE 5006 |
| CITY-ST-ZIP | PITTSBURGH, PA 15221 |

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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/21/07-80026-010 508.75

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/07
Date

412-371-5105
Daytime Phone #

STAPLE CHECK HERE