

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 15, 2008 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**



04012008 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, 2008, 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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000000899103
04/28/08-80025-011 508.75

**DO NOT WRITE
IN THIS SPACE**

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:

Joseph Pasquale **Joseph Pasquale**

4/11/08

412-371-5105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #