


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

<b>DOCUMENT # A96000001725</b>	
1. Entity Name <b>THE WBK FAMILY LIMITED PARTNERSHIP</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR -5 AM 10:43

Principal Place of Business <b>311 N. CLYDE MORRIS BLVD., SUITE 310 DAYTONA BEACH FL 32114</b>	Mailing Address <b>311 N. CLYDE MORRIS BLVD., SUITE 310 DAYTONA BEACH FL 32114</b>
---	---



MOORE CR2E003 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3405150</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>GORNT0, L A JR. 149-F SOUTH RIDGEWOOD AVE. DAYTONA BEACH FL 32114</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$9,700.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	--

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	<b>KUHN, WILLIAM B</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>311 N. CLYDE MORRIS BLVD., SUITE 340</b>		
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>		
DOCUMENT #		STREET ADDRESS	<b>800032960868</b>
NAME	<b>KUHN, BRENDA G</b>	CITY-ST-ZIP	<b>04/16/04--01038--016 **156.65</b>
STREET ADDRESS	<b>34 HASTINGS DRIVE</b>		
CITY-ST-ZIP	<b>TENAFLY NJ 07670</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:**  **3/31/04 386 255-8582**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #