


2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000001725	
1. Entity Name THE WBK FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 311 N. CLYDE MORRIS BLVD. SUITE 550 DAYTONA BEACH FL 32114	Mailing Address 311 N. CLYDE MORRIS BLVD. SUITE 550 DAYTONA BEACH FL 32114
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number 59-3405150	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORNT0, L A JR. 149-F SOUTH RIDGEWOOD AVE. DAYTONA BEACH FL 32114	
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

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	NAME KUHN, WILLIAM B	STREET ADDRESS	U00000756509
STREET ADDRESS	311 N. CLYDE MORRIS BLVD., SUITE 550	CITY-ST-ZIP	05/23/07-80034-007 500.00
CITY-ST-ZIP	DAYTONA BEACH FL 32114		
DOCUMENT #	NAME KUHN, BRENDA G	STREET ADDRESS	
STREET ADDRESS	34 HASTINGS DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	TENAFLY NJ 07670		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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CITY-ST-ZIP			

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: William B Kuhn MD **DATE:** 4/30/07 **Daytime Phone #:** 386-255-8582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER