

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR -8 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000002235					
1. Entity Name THE WING SOUTH DEVELOPMENT LIMITED PARTNERSHIP					
Principal Place of Business 5801 PELICAN BAY BLVD., SUITE 300 NAPLES, FL 34108			Mailing Address 5801 PELICAN BAY BLVD., SUITE 300 NAPLES, FL 34108		
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 65-0762479	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BUCKEL, ROBERT M 5801 PELICAN BAY BLVD., SUITE 300 NAPLES, FL 34108				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$10,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 # P96000086396	NAME S.D. CORPORATION OF NAPLES, INC.		STREET ADDRESS	400054040884	
STREET ADDRESS 5801 PELICAN BAY BLVD., SUITE 300	CITY-ST-ZIP NAPLES, FL 34108		CITY-ST-ZIP	05/09/05--01018--012 **158.75	
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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)(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: 			239-593- 3-17-05 2900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE