## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## 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

FILED Feb 12, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01052007 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For 65-0762479 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCKEL, ROBERT M 5801 PELICAN BAY BLVD., SUITE 300 NAPLES, FL 34108 DO NOT WRITE

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.

GENERAL PARTNER INFORMATION 12. P96000086396 DOCUMENT # S.D. CORPORATION OF NAPLES, INC. NAME STREET ADDRESS 5801 PELICAN BAY BLVD., SUITE 300 CITY-ST-70 NAPLES, FL 34108 DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

02/22/07-90006-007 500.00

DO NOT WRITE

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:

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-2-07

Date

Daytime Phone #