



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A96000002440 1. Entity Name WSH & ASSOCIATES, LTD.	
--	---

FILED
 04 JAN 30 PM 2:28
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business 6400 YOUNGERMAN CIRCLE JACKSONVILLE, FL 32244	Mailing Address 6400 YOUNGERMAN CIRCLE JACKSONVILLE, FL 32244
---	---

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

	
01262004	Chg-LP
CR2E003 (10/03)	
4. FEI Number 59-3421880	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 SCHNEIDER, MICHAEL N 5150 BELFORT ROAD BUILDING 100 JACKSONVILLE, FL 32256	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
--	---

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. \$1,552,000.00	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 #	P96000103062	STREET ADDRESS	
NAME	WSH PROPERTIES, INC.	CITY - ST - ZIP	
STREET ADDRESS	6400 YOUNGERMAN CIRCLE		
CITY - ST - ZIP	JACKSONVILLE, FL 32244		
DOCUMENT #		STREET ADDRESS	
NAME	HECHT, WILLIAM	CITY - ST - ZIP	
STREET ADDRESS	6400 YOUNGERMAN CIRCLE		
CITY - ST - ZIP	JACKSONVILLE, FL 32244		
DOCUMENT #		STREET ADDRESS	
NAME	HECHT, SONIA	CITY - ST - ZIP	
STREET ADDRESS	6400 YOUNGERMAN CIRCLE		
CITY - ST - ZIP	JACKSONVILLE, FL 32244		
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: *William Hecht* **1/27/04** **904-777-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE