


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002440</b>		
1. Entity Name WSH & ASSOCIATES, LTD.		

Principal Place of Business 6400 YOUNGERMAN CIRCLE JACKSONVILLE, FL 32244	Mailing Address 6400 YOUNGERMAN CIRCLE JACKSONVILLE, FL 32244
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



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4. FEI Number 59-3421880		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
SCHNEIDER, MICHAEL N 5150 BELFORT ROAD BUILDING 100 JACKSONVILLE, FL 32256		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. \$1,552,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	HECHT, WILLIAM	STREET ADDRESS	
NAME	6400 YOUNGERMAN CIRCLE	CITY-ST-ZIP	
STREET ADDRESS	JACKSONVILLE, FL 32244		
CITY-ST-ZIP			
DOCUMENT #	HECHT, SONIA	STREET ADDRESS	
NAME	6400 YOUNGERMAN CIRCLE	CITY-ST-ZIP	
STREET ADDRESS	JACKSONVILLE, FL 32244		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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)(f), 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:**  **4-7-05 904-777-0700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #