


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**Mar 02, 2006 08:00 AM**  
**Secretary of State**

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

02242006	Chg-LP	CR2E003 (11/05)
4. FEI Number 59-3421880		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  SCHNEIDER, MICHAEL N 5150 BELFORT ROAD BUILDING 100 JACKSONVILLE, FL 32256
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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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 _____
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000103062	STREET ADDRESS	
NAME	WSH PROPERTIES, INC.	CITY-ST-ZIP	11000004533-11 03/14/06-50015-003 500.00
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			

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

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	2/24/2006 904-777-0700 Date Daytime Phone #
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