2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # A96000002440

1. Entity Name
WSH & ASSOCIATES, LTD.

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

DO NOT WRITE IN THIS SPACE

04162007 No Chg-LP CR2E003 (12/06)

4. FEI Number
59-3421880
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD
BUILDING 100
JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

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

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P96000103062
NAME	WSH PROPERTIES, INC.
STREET ADDRESS	6400 YOUNGERMAN CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32244
DOCUMENT #	
NAME	HECHT, WILLIAM
STREET ADDRESS	6400 YOUNGERMAN CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32244
DOCUMENT #	
NAME	HECHT, SONIA
STREET ADDRESS	6400 YOUNGERMAN CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32244
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000719502
05/01/07-80026-001 500.00

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.

SIGNATURE: _____ 4-16-07 904-777-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #