


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 26 AM 8:04

DOCUMENT # A97000000042		
1. Entity Name WELP GOLF INVESTMENT, LTD.		

Principal Place of Business C/O ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819	Mailing Address C/O ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819
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2. Principal Place of Business - No P.O. Box # c/o Estein & Associates USA Ltd 4705 S. Apopka Vineland Rd. Suite 201 Orlando, Fla. 32819	3. Mailing Address Suite Apt. #, etc. c/o Estein & Associates USA Ltd 4705 S. Apopka Vineland Rd. Suite 201 Orlando, Fla. 32819
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01082008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3417222	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819	7. Name and Address of New Registered Agent Name: Estein, Lothar Street: 4705 S. Apopka Vineland Road Suite 201 City: Orlando, Fla. 32819 p Code
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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, and accepts 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, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000000691 ESTEIN GOLF CORPORATION 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819	STREET ADDRESS CITY-ST-ZIP	4705 S. Apopka Vineland Rd. STE 201 ORLANDO, FL. 32819
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

3/13/08 (407) 909-2200
 Date Daytime Phone #

STAPLE CHECK HERE