2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A9700000108 1. Entity Name 2007 MAR -9 AM 9: 30 WEIGL HOLDINGS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 11380 PROSPERITY FARMS ROAD 11380 PROSPERITY FARMS ROAD SUITE 110A SUITE 110A PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11380 PROSPERITY FARMS BD 11380 PROSPERITU FARMS O Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 Chq-LP CR2E003 (12/06) SUITE 215 suite als City & State City & State 4. FEI Number Applied For PALM BEACH GARDENS PALM BEACH GARDENS 65-0719210 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 33410 USA A2 U Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THIEMANN, DIETER CPA THIEMAND. DIETER Street Address (P.O. Box Number is Not Acceptable) 11 3 80 PROSPERITY FRAMS 11380 PROSPERITY FARMS ROAD, #110A PALM BEACH GARDENS, FL 33410 City Zip Code 33410 GARDENS FL PALM BEACH 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, typed or printed name of registered agent and title if applicable. DATE 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 13. ADDRESS CHANGES ONLY P97000002799 DOCUMENT A STREET ADDRESS NAME WEIGL HOLDINGS (USA), INC. 11380 PROSPERITY FARMS RD STEAK STREET ADDRESS 11380 PROSPERITY FARMS ROAD, #110A CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 000092641 ناخ CITY-ST-ZIP CITY-ST-ZIP 09/14/07--01042--023 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP CITY-ST-7(P with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information not that my stanature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership of this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information supplied ; indicated on this report is true and accurate or the receiver or trustee empowered to exe SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF Oavtime Phone

FILED