

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000000338

1. Entity Name
WAM LIFE CARE ASSOCIATES, LTD.



Principal Place of Business
1601 BELVEDERE ROAD, SUITE 407-S
WEST PALM BEACH, FL 33406

Mailing Address
1601 BELVEDERE ROAD, SUITE 407-S
WEST PALM BEACH, FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112004

Chg-LP

CR2E003 (10/03)

4. FEI Number
65-0745230

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYER, WILLIAM A
1601 BELVEDERE ROAD, SUITE 407-S
WEST PALM BEACH, FL 33406

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

Signature: typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
 as Shown on record **\$1,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date

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 # **P97000007837**
 NAME **WAM MANAGEMENT I, INC.**
 STREET ADDRESS **1601 BELVEDERE ROAD, SUITE 407-S**
 CITY-STATE-ZIP **WEST PALM BEACH, FL 33406**

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

WILLIAM MEYER

Daytime Phone #

4/20/04 561-629-6602

STAPLE CHECK HERE