

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Aug 22, 2006 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



08102006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**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 _____

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

DATE _____

FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

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U000000575012
08/22/06-80008-009 500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

William A. Meyer

8/17/06 (561) 689-6602

STAPLE CHECK HERE