## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007 **DOCUMENT # A97000000338** 1. Entity Name WAM LIFE CARE ASSOCIATES, LTD. Principal Place of Business Mailing Address 1601 BELVEDERE ROAD, SUITE 407-S 1601 BELVEDERE ROAD, SUITE 407-S WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent MEYER, WILLIAM A 1601 BELVEDERE ROAD, SUITE 407-S.

**SIGNATURE** 

**FILED** Apr 16, 2007 08:00 Al Secretary of State



01052007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0745230

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE

	LM BEACH, FL 33406		IN THIS SPACE
	named entity submits this statement for the purpose of changing it tions of registered agent.	ts registered office or registered	agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered egent and title if applicable.		OATE
· · · · · ·	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$9	00.00	
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	9	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000007837 WAM MANAGEMENT I, INC. 1601 BELVEDERE ROAD, SUITE 407-S WEST PALM BEACH, FL 33406		U00000709417
DOCUMENT #	WEST PALM BEACH, PL 33406		04/25/07-80001-020 500.00
NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT // NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP			IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
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			