

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001138

1. Entity Name
WBN, LTD.



Principal Place of Business
501 BRICKELL KEY DRIVE
SUITE 103
MIAMI, FL 33131

Mailing Address
501 BRICKELL KEY DRIVE
SUITE 103
MIAMI, FL 33131



04182006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0754794	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLS MANAGEMENT ASSOCIATES
501 BRICKELL KEY DRIVE, SUITE 103
MIAMI, FL 33131

**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
After May 1, 2006, Fee will be \$900.00

10000055725
05/08/06-80064-011 500.00

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

DOCUMENT #	GP9700000327
NAME	BELLS MANAGEMENT ASSOCIATES
STREET ADDRESS	501 BRICKELL KEY DRIVE, SUITE 103
CITY-ST-ZIP	MIAMI, FL 33131

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #

4-25-06

STAPLE CHECK HERE