2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A97000002244

1. Entity Name USWLR, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 8: 34

Principal Place of Business

2295 CORPORATE BLVD NW, SUITE 222 BOCA RATON, FL 33431

Mailing Address

2295 CORPORATE BLVD., NW SUITE 222 BOCA RATON, FL 33431



01182006 No Chg-LP

CR2E003 (11/05)

FEI Number
 65-0788604

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRICK, NORTON THE HERRICK COMPANY, INC. 2295 CORPORATE BLVD., N.W., SUITE 222 BOCA RATON. FL 33431

DO NOT WRITE IN THIS SPACE

| | , | | |
|--|---|---|---|
| | named entity submits this statement for the purpose of changing its re- tions of registered agent. | gistered office or registered agent, or both, i | n the State of Florida. I am familiar with, and accep |
| 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 \$900.0 | 00 | ORIL |
| | A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the | | |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | GENERAL PARTNER INFORMATION P97000089320 G-P USW, INC, 2295 CORPORATE BLVD., N.W., SUITE 222 BOCA RATON, FL 33431 | 90 (94/18/0 | 0070788029 1601029001 **563.75 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | 0.000 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE IN THIS SPACE | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | .* | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | |
| DOCUMENT # | | | |

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:

STREET ADDRESS

GNATURE AND TYNED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2 28 06

Daytime Phone €