2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

	1. Entity Nam	OCUMENT # A9700002393 . Entity Name W/B OMNI, LTD.)	2005 FIAY	-2 P	
ľ	Principal Place of Business Mailing Address			ss		7			
				665 South Bayshore Drive, Suite 1002 Nami, Fl 33133		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	2. Principal P	lace of Business	3. Mailing Addi	Mailing Address					
ŀ	Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		04282005	Chg-LP	CR2E00	3 (10/03)
	City & State		City & State	City & State		4. FEI Number 65-08688	398		Applied For Not Applicable
	Žip	Country	Zip	Co	untry	5. Certificate of	Status Desired		8.75 Additional ee Required
	6. Name and Address of Current Registered Agent					7. Name and A	ddress of New F	registered A	jent
	CORPORATION SERVICE COMPANY				Stearns Weaver Miller Weissler, et al				
ĺ	1201 HAYS STREET TALLAHASSEE, FL 32301-2525-				Street Address (P.O. Box Number is Not Acceptable) C/O Richard E. Schatz, Esq.				
ĺ						150 W. Flagler St. Suite 2200			
					City	ty Zip_Code			Zip Code 33130
-	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, at the obligations of registered agent.							miliar with, and accept	
	SIGNATURE Sprature, typed or printed name of upstatered agent and title if applicable. RICHARD E				OCHATZ.		<u> </u>	18/200 5 DATE	-
	9. Capital Contributions as Shown on record. \$100.00 In FLORIDA to date				tributions				
	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.								
ŀ	12. GENERAL PARTNER INFORMATION				3.	, it must be med	ADDRESS CH.		
	DOCUMENT ≠ NAME	P97000081275 W/B OMNI CORP.			STREET ADDRESS				
İ	STREET ADDRESS CITY-\$1-ZIP	2665 SOUTH BAYSHORE DRI' MIAMI, FL 33133	VE, SUITE 1002	c	TY-ST-ZIP			•	
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	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								
	SIGNAT		OR PRINTED NAME OF SIG	TREE	WESEL		4/ /.	29/05	305 854 784