

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:22

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A97000002393

1. Entity Name
W/B OMNI, LTD.



Principal Place of Business

2665 SOUTH BAYSHORE DRIVE, SUITE 1002
MIAMI, FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE, SUITE 1002
MIAMI, FL 33133

2121 PONCE de LEON BLVD., #1250
CORAL GABLES, FL 33134



04272006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0868898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER, ET AL
C/O RICHARD E. SCHATZ, ESQ
150 W. FLAGLER ST., SUITE 2200
MIAMI, FL 33130

**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

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 # P97000081275
NAME W/B OMNI CORP.
STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 1002
CITY-ST-ZIP MIAMI, FL 33133

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200075026832
05/22/06--01040--028 **\$500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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:

Warren P. Weiser

WARREN P. WEISER

4/28/06

305-854-7342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #