


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A97000002393</b> 1. Entity Name W/B OMNI, LTD.	
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FILED  
 07 MAY 24 AM 9:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business 2121 PONCE DE LEON BLVD, #1250 CORAL GABLES, FL 33134	Mailing Address 2121 PONCE DE LEON BLVD, #1250 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04182007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0868898	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  STEARNS WEAVER MILLER WEISSLER, ET AL C/O RICHARD E. SCHATZ, ESQ 150 W. FLAGLER ST., SUITE 2200 MIAMI, FL 33130	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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	13. ADDRESS CHANGES ONLY
DOCUMENT # P97000081275 NAME W/B OMNI CORP. STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 1002 CITY-ST-ZIP MIAMI, FL 33133	STREET ADDRESS <b>2121 PONCE DE LEON BLVD #1250</b> CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS <b>200103635988</b> CITY-ST-ZIP <b>06/01/07--01005--005 **500.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	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

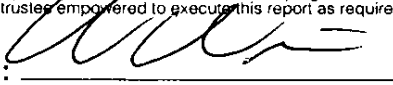
**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE


**Warren Weaver** 4/26/07  
 305-854-7342