



2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

DOCUMENT # A97000002723		
1. Entity Name WOLFF GROUP, LTD.		

Principal Place of Business C/O HENRY WOLFF & ASSOCIATES, INC. 200 S.E. 1ST STREET, STE. 600 MIAMI FL 33131	Mailing Address C/O HENRY WOLFF & ASSOCIATES, INC. 200 S.E. 1ST STREET, STE. 600 MIAMI FL 33131
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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	Zip	Country

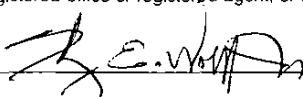
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07 MAY 18 PM 4:16
SECRETARY OF STATE

1st MOORE CR2E003 (10/06)

4. FEI Number 65-0817380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WOLFF, HENRY E 200-S.E. 1ST STREET SUITE 600 MIAMI FL 33131	
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7. Name and Address of New Registered Agent Name WOLFF, HENRY E JR	
Street Address (P.O. Box Number is Not Acceptable) 200 SE 1st STREET, SUITE 600	
City MIAMI	Zip Code FL 33131

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  **April 27, 2007**
Signature, typed or printed name of registered agent and title if applicable. DATE

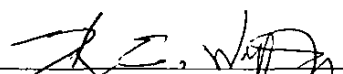
FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY - ST - ZIP	P97000105106 HENCAR, INC. 200 SE 1ST STREET, STE. 600 MIAMI FL 33131	STREET ADDRESS CITY - ST - ZIP	300103606563 05/31/07 01025 007 **500.00
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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

HENCAR, INC

SIGNATURE:  **April 27, 2007** 305-379-3435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

DIAPY CHECK HERE