

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000002807**

1. Entity Name  
**WLD REAL ESTATE PARTNERS, LTD.**



Principal Place of Business  
**401 EAST LAS OLAS BOULEVARD**  
**SUITE 2200**  
**FT. LAUDERDALE, FL 33301**

Mailing Address  
**401 EAST LAS OLAS BOULEVARD**  
**SUITE 2200**  
**FT. LAUDERDALE, FL 33301**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

02262004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**65-0829226**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORVITZ, DAVID W**  
**401 E. LAS OLAS BLVD., #2200**  
**FT. LAUDERDALE, FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

9. Capital Contributions as Shown on record. **\$7,248,350.34**

10. Amount of Capital Contributions in FLORIDA to date.

**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 # **P97000007496**  
 NAME **WLD PARTNERS GP, INC.**  
 STREET ADDRESS **401 EAST LAS OLAS BLVD., SUITE 2200**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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 05/10/04-80034-024 526.25

STAPLE CHECK HERE

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**DAVID W HORVITZ**