

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 20 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001785 1. Entity Name WRH HORIZONS, LTD.					
Principal Place of Business 1880 DESTINY BLVD. KISSIMMEE, FL 34741			Mailing Address 1880 DESTINY BLVD. KISSIMMEE, FL 34741		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03232005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3523920				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			7. Name and Address of New Registered Agent		
MILLER, JAMES 100 SECOND AVENUE SOUTH, SUITE 904 ST. PETERSBURG, FL 33701			Name <u>J. Mark Rutledge</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 Second Avenue South, Suite 904</u> City <u>St. Petersburg</u> FL Zip Code <u>33701</u>		
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 <u>[Signature]</u> DATE <u>3-23-2005</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$11,191,538.00			10. Amount of Capital Contributions in FLORIDA to date. \$ <u>526.25</u>		
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 #	P93000036337		STREET ADDRESS		
NAME	WRH PROPERTIES, INC.		CITY-ST-ZIP		
STREET ADDRESS	100 SECOND AVENUE SOUTH, SUITE 904		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33701		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>[Signature]</u>			3-23-2005 727-892-3000 <small>Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #</small>		

STAPLE CHECK HERE