2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A98000001923

1. Entity Name
WNG SEACREST LIMITED

Principal Place of Business	Mailing Address
50 BEAL PARKWAY, S.W., SUITE 2 FORT WALTON BEACH, FL 32548	P.O. BOX 1539 FORT WALTON BEACH, FL 32549

01082004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-3526876
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOURLEY, WARREN N
50 BEAL PARKWAY, S.W., SUITE 2
FORT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent

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 _____ DATE

9. Capital Contributions as Shown on record	$1,000.00	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 #	P96000055101	STREET ADDRESS	
NAME	904 ASSOCIATES, INC.	CITY ST ZIP	
STREET ADDRESS	50 BEAL PKWY, SW, SUITE 2		
CITY ST ZIP	FORT WALTON BEACH, FL 32548		
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	H04000159102 05/10/04-80016-017 141.25
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CITY ST ZIP			

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: Warren N. Gourley - WARREN N. GOURLEY 29 Apr 04 (850) 243 1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAYTIME TELEPHONE #