| 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004 | | | | | | FILED Apr 26, 2004 08:00 AM | | |
|---|---|--|---------------------------------------|---------------------------|--|--------------------------------|-----------------------|--|
| DOCUMENT # A9800002531 | | | | | | Ì | Secreta | ary of State |
| 1. Entity Na WWOR | | STMENTS, LTD. | | | | | | |
| Principal Pla | ce of Busine | 55 | Mailing Address | | | 4 | | |
| | OLAS BLVD ERDALE, FL | ., suite 1200 33301 | 450 E. LAS OLAS FORT LAUDERDAL | | | 1 1 00 00000 10000 | TING STATI AND IN NO. | a muassa sumitan atmana derimum attunt astunteas der sumas |
| 2. Principal Place of Business | | | 3. Mailing Address | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 04212004 | Chg-LP | CR2E003 (10/03) |
| City & State | | | City & State | | 4. FEI Number 65-0874 | | Applied For | |
| Zip | | Country | Zip | Cour | atry | | f Status Desired | \$8.75 Additional |
| | 6. Nam | e and Address of Curr | ent Registered Agent | | | 7. Name and / | Address of New R | Fee Required |
| AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131 | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | City | | | Zip Code |
| | | ity submits this stateme stered agent. | nt for the purpose of changing | ng its register | ed office or registe | red agent, or both | , in the State of Fic | rida. 1 am familiar with, and acce |
| SIGNATURE | IGNATURE | | | | | | | DATE |
| | . Capital Contributions as Shown on record, \$990.00 10. Amount of Capital Contributions 990 | | | | | 2.00 | | |
| | A NOTE | GENERAL PARTNE | R THAT IS A BUSINES | S ENTITY M on the form | UST BE REGIS | TERED AND A | CTIVE WITH TH | IS OFFICE. eneral partner. |
| 12. | P970000 | | NER INFORMATION | 13. | | | ADDRESS CH/ | NGES ONLY |
| NAME STREET ADDRESS | H FAMIL | Y INVESTMENTS, IN AS OLAS BLVD., SU | | | EET ADDRESS | | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33301 | | | Cim | (~ST-ZIP | U00000146269 | | |
| DOCUMENT # NAME STREET ADDRESS | | | | STR | EET ADORESS | | 05/03/04- | -90060-001 141.25 |
| GITY-ST-ZIP | | | | វារ | (-ST-ZIP | | | |
| DOCUMENT # | | | | STR | EET ADDRESS | | | |
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| DOCUMENT # NAME | | | | STR | EET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | · · · · · · · · · · · · · · · · · · · | CIT | (-ST-Z)P | | | |
| DOCUMENT # NAME | | | | SIR | EET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | CIP | (-SI-ZIP | | | |
| DOCUMENT / NAME | | / II | | STR | EET ADDRESS | | | · · · · · · · · · · · · · · · · · · · |
| STREET ADDRESS CITY-ST- DP | | | | CAT | (-ST-ZIP | | 79.4.00 <u>.</u> | |
| 14. I hereby indicate the rece | certify that to d on this rep iver or truste | he information supplied ort is true and accurate e empowered to execut | | | | ^ | | I further certify that the information I Partner of the limited partnership |
| SIGNA | TURE: | | CRIS V | | w VILL | PICIPU | T 4/21/0 | 1 954-627-500 Destine Phone 4 |

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