

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A98000002531

1. Entity Name
W WORLD INVESTMENTS, LTD.



Principal Place of Business
450 E. LAS OLAS BLVD., SUITE 1200
FORT LAUDERDALE, FL 33301

Mailing Address
450 E. LAS OLAS BLVD., SUITE 1200
FORT LAUDERDALE, FL 33301

2. Principal Place of Business - No P.O. Box #
450 E Las Olas Blvd.

Suite, Apt. #, etc.
Suite 1500

City & State
Ft. Lauderdale, FL

Zip
33301

Country

3. Mailing Address
450 E Las Olas Blvd.

Suite, Apt. #, etc.
Suite 1500

City & State
Ft. Lauderdale, FL

Zip
33301

Country



04172007 Chg-LP CR2E003 (12/06)

4. FEI Number
65-0874301

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI, FL 33131

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT # **P97000075478**
 NAME **H FAMILY INVESTMENTS, INC.**
 STREET ADDRESS **450 E. LAS OLAS BLVD., SUITE 1200**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

900103607269

05/31/07--01025--022 **500.00

PA

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

SIGNATURE: _____ **Cris V. Branden**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/07
 Date

Daytime Phone #

STAPLE CHECK HERE

FILED
07 MAY 18 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA