

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:48

DOCUMENT # A98000002531

1. Entity Name
W WORLD INVESTMENTS, LTD.



Principal Place of Business
450 E. LAS OLAS BLVD., SUITE 1500
FORT LAUDERDALE, FL 33301

Mailing Address
450 E. LAS OLAS BLVD., SUITE 1500
FORT LAUDERDALE, FL 33301



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008 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

7. Name and Address of New Registered Agent

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

Service U.S.A., Inc
450 E. Las Olas Blvd.
Suite 1500

Ft. Lauderdale, FL 33301

L 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.

Cris V Brandon, VP

4/16/08

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
CITY-ST-ZIP
100129801151
05/19/08--01033--001 **500.00

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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Cris V Brandon

4/16/08

STAPLE CHECK HERE