

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB 19 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072008 Chg-LP CR2E003 (12/06)

DOCUMENT # A99000000399		
1. Entity Name WYNNE CAPITAL, LTD.		
Principal Place of Business 12804 SW 122 AVENUE MIAMI, FL 33186-6203		Mailing Address 12804 SW 122 AVENUE MIAMI, FL 33186-6203
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

4. FEI Number 65-0901349	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 WYNNE, JOEL 12804 SW 122 AVENUE MIAMI, FL 33186-6203		7. Name and Address of New Registered Agent Name Wynne, Joel Street Address (P.O. Box Number is Not Acceptable) 8000 South US 1 Suite 402 City Port St. Lucie FL Zip Code 34952	
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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 _____
Signature typed or printed name of registered agent and title, if applicable

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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000022444 WYNNE CAPITAL, INC. 12804 SW 122 AVENUE MIAMI, FL 331866203	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900118553933 02/21/08 - 01037-001 **\$500.00
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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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE