


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # A99000000569
1. Entity Name
WENNER FAMILY LIMITED PARTNERSHIP



Principal Place of Business: 648 NORTH SHORE DRIVE, DEERFIELD BEACH, FL 33442
Mailing Address: 648 NORTH SHORE DRIVE, DEERFIELD BEACH, FL 33442

2. Principal Place of Business: Suite, Apt #, etc.
3. Mailing Address: Suite, Apt #, etc.

City & State: _____
Zip: _____ Country: _____



04212005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent
WENNER, JOHN P SR
648 NORTH SHORE DRIVE
DEERFIELD BEACH, FL

4. FEI Number: 94-3360246
Applied For: Not Applicable

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

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

9. Capital Contributions as Shown on record: \$475.00
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 #	NAME	STREET ADDRESS	
	WENNER, JOHN P SR		
	648 NORTH SHORE DRIVE	CITY-ST-ZIP	
	DEERFIELD BEACH, FL 33442		U00000366011 05/11/05-80026-006 141.25
DOCUMENT #	NAME	STREET ADDRESS	
		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)(D), Florida Statutes. I further certify that this 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: John P Wenner Date: 4/29/05 Daytime Phone #: 954-427-9982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER