

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 13 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03152007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A99000001318</b>			
1. Entity Name <b>WARD ENTERPRISES LTD., PARTNERSHIP</b>			
Principal Place of Business <b>126 CARIBBEAN KEY KEY LARGO, FL 33037</b>		Mailing Address <b>126 CARIBBEAN KEY KEY LARGO, FL 33037</b>	
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 <b>APPLIED FOR</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BOHATCH, JOHN S 2600 DOUGLAS ROAD, PENTHOUSE 8 CORAL GABLES, FL 33034</b>		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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P99000070299</b>	STREET ADDRESS	
NAME	<b>WARD OF SOUTH FLORIDA, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>126 CARIBBEAN KEY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KEY LARGO, FL 33134</b>	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

**8000007230010**  
**04/17/07--01046--016 \*\*500.00**

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:** Joe Ward Joe Ward 3/13/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE