

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000001536**

1. Entity Name  
W.T. MORGAN III FAMILY PARTNERSHIP, LTD.



Principal Place of Business  
918 SOUTH GOLFVIEW STREET  
TAMPA, FL 33629

Mailing Address  
918 SOUTH GOLFVIEW STREET  
TAMPA, FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3616461

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

HENDEE, BRETT ESQ.  
1700 SOUTH MACDILL AVENUE  
SUITE 200  
TAMPA, FL 33629-5218

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

9. Capital Contributions  
as Shown on record.

**\$1,120,564.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$1,120,564.00**

**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 # L99000005858  
NAME WTM MANAGEMENT LLC  
STREET ADDRESS 918 SOUTH GOLFVIEW STREET  
CITY-ST-ZIP TAMPA, FL 33629

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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U00000159425  
05/10/04-80028-016 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*W.T. Morgan III*

4-28-04