2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Apr 09, 2005 08:00 AM Secretary of State

DOCUMENT # A9900001536 1. Enlity Name W.T. MORGAN III FAMILY PARTNERSHIP, LTD.							Se	cretary	of State
,	e of Business GOLFVIEW STREET 33629	91	iling Address 18 SOUTH GOLFVIEW IMPA, FL 33629	STREET		-	- -		
2. Principal P	lace of Business	3. 1	Mailing Address						
Suite, Apt	#, etc.	- s	Suite, Apt. #, etc.			01202005	Chg-LP	CR2E003 (1	10/03)
City & State	e		City & State			4. FEI Numbe 59-3616			Applied For Not Applicable
Zip	Country		^c ip	Coun	try		of Status Desired	□ \$8.7	75 Additional
	6. Name and Address of Curr	ent Regist	ered Agent	L	 	7. Name and	Address of New	Registered Agent	<u> </u>
1700 SOU' SUITE 200	BRETT ESQ. TH MACDILL AVENUE L 33629-5218				Name Street Address (City	P O. Box Numbe	r is Not Acceptab		lip Code
	named entity submits this statement ions of registered agent.	nt for the pi	urpose of changing its	registere	l ed office or register	red agent, or both	n, in the State of F		ar with, and accept
SIGNATURE	Signature, typed of printed name of registered a	gent and title if	applicable			<u> </u>		DATE	
9. Capital Co as Shown o	ntributions \$1,120,564.00		10. Amount of Capit in FLORIDA to d		sutions \$1,120,	564.00		•	****
	A GENERAL PARTNE NOTE: General Partners	R THAT I	S A BUSINESS EN	NTITY M	UST BE REGIST	rered ÁÑD A it must be filed	CTIVE WITH T	HIS OFFICE.	
12.	GENERAL PART			13.	·			HANGES ONLY	
DOCUMENT #	L99000005858		·	STRE	ET ADORESS				
NAME STREET ADDRESS CITY-ST-ZIP	WTM MANAGEMENT LLC 918 SOUTH GOLFVIEW STR TAMPA, FL 33629	EET	<u>-</u> .	CITY	-ST-ZIP				
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indicated	certify that the information supplied on this report is true and accurate ver or trustee empowered to execut	and that m	iv elanature shall have	the sam	e legal ettect as it n	nade under oath.	that I am a Gene	eral Panner of the II	nat the information mited partnership or
SIGNAT	URE:		LO LA DE NAME OF SIGNARG GENER	1			-78-0	5 (813)	258-1177