
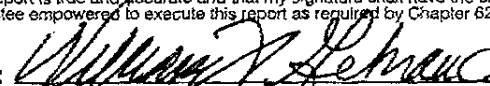


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001711</b> 1. Entity Name <b>WILLJERR LIMITED PARTNERSHIP, L.L.P.</b>					
Principal Place of Business <b>3340 SCHERER DRIVE</b> <b>ST PETERSBURG, FL 33716</b>			Mailing Address <b>3340 SCHERER DRIVE</b> <b>ST PETERSBURG, FL 33716</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GASSMAN, ALAN S</b> <b>1245 COURT STREET</b> <b>STE 102</b> <b>CLEARWATER, FL 33756</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$2,405,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$2,405,000.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	3340 SCHERER DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	ST. PETERSBURG, FL 33716				
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CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
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.					
<b>SIGNATURE:</b> 			<b>William A. Gehrand</b> 4/6/04 727-572-7080		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE



04012004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3611540** Applied For Not Applicable

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

U00000114885  
04/15/04-80002-004 526.25