

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

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

DOCUMENT # A99000001711

1. Entity Name  
**WILLJERR LIMITED PARTNERSHIP, L.L.P.**



Principal Place of Business <b>3340 SCHERER DRIVE  ST PETERSBURG, FL 33716</b>		Mailing Address <b>3340 SCHERER DRIVE  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



04012004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>59-3611540</b>	Applied For <input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>GASSMAN, ALAN S  1245 COURT STREET  STE 102  CLEARWATER, FL 33756</b>	
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 *[Date]*

9. Capital Contributions as Shown on record. **\$2,405,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$2,405,000.00**

**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 #	NAME	STREET ADDRESS	
NAME	GEHRAND, WILLIAM A TRUSTEE	ST. PETERSBURG, FL 33716	CITY-ST-ZIP
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME	GEHRAND, GERALD TRUSTEE	3340 SCHERER DRIVE	CITY-ST-ZIP
STREET ADDRESS		ST. PETERSBURG, FL 33716	
CITY-ST-ZIP			
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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)(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:** *William A. Gehrand* **William A. Gehrand 4/6/04 727-572-7080**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date **4/6/04** Daytime Phone # **727-572-7080**