## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

STAPLE CHECK HERE

SIGNATURE

FILED Feb 21, 2008 08:00 AN Secretary of State

Due by May 1, 2006				Secretary of Sta	
DOCUMENT # A99000001808  1. Entity Name W.F.G., LTD.					secretary of St
Principal Place of Business  222 S. PENNSYLVANIA AVE., STE. 200 WINTER PARK, FL 32789  Mailing Address  222 S. PENNSYLVANIA AVE., STE. 200 WINTER PARK, FL 32789					
en sus de la sustantia	er to the second of the second	A section of the sect			
	O NOT WRITI	E IN THIS S	PACE	01082008 No Chg-LP  4. FEI Number	CR2E003 (12/06)  Applied For
	े जिल्ला के अपने के जिल्ला है हैं। जन की जिल्ला के मुस्कित के कि कुन कर हैं	Bring & Bib Agash & Bright Bri		59-3610041	Not Applicable
		तुः प्रकारिका क्षेत्र क्षेत्र के अस्ति । क्षेत्र के स्	r givent stry sy , so tig Hybrid en voter en ver	5. Certificate of Status Desired	S8.75 Additional Fee Required
222 S. PE	6. Name and Address of Curren N, ROBERT P NNSYLVANIA AVE., STE. 200 PARK, FL 32789		Strategy, make a series of the	DO NOT W IN THIS SI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or register	ed agent, or both, in the State of Fl	orida. I am familiar with, and accept
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$500.00  After May 1, 2008, Fee will be \$900.00				000000834680 p2/29/08-80002-011 500.00	
l	A GENERAL PARTNER	THAT IS A BUSINESS EN	TITY MUST BE REGIST	ERED AND ACTIVE WITH THE	IIS OFFICE.
12.	GENERAL PARTNE		y Cash Sayar a	t must be med to change a g	eneral paruler.
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000012208 WELBOURNE AVE. CORP. 222 S. PENNSYLVANIA AVE., WINTER PARK, FL 32789	STE. 200			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			The state of the s	A Comment of the Comment of the Section of the Comment of the Comm	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	-		September 19 Comments of the C	DO NOT W	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP			The second secon		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filling 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 truster empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER