


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 APR 28 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001904		
1. Entity Name CWDL, LTD.		

Principal Place of Business 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134	Mailing Address 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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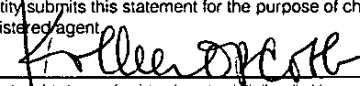


04192005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0978263	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BEFELER, HENRY 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Kolleen OP Gabb, Esq. Street Address (P.O. Box Number is Not Acceptable) 355 Alhambra Circle Suite 900 City Coral Gables FL Zip Code 33134
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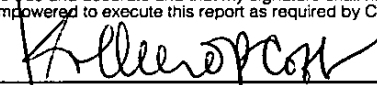
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/25/05

9. Capital Contributions as Shown on record. \$500,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 CITY - ST - ZIP	P99000100243 C/WDL, INC. 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
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05/20/05--01052--002 \*\*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: 	DATE 4/25/05 305-520-2344

STAPLE CHECK HERE