

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 8, 2004**

<b>DOCUMENT # A99000002198</b>	
1. Entity Name <b>WSG/NORTH FEDERAL, LTD.</b>	



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
  
04 AUG 31 PM 2:18

Principal Place of Business <b>400 ARTHUR GODFREY ROAD, SUITE #200 MIAMI BEACH FL 33140</b>	Mailing Address <b>400 ARTHUR GODFREY ROAD, SUITE #200 MIAMI BEACH FL 33140</b>
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MOORE CR2E003 (4/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0968515</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>WSG/FEDERAL, INC. 1500 SAN REMO AVENUE, SUITE 185 CORAL GABLES FL 33146</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
<b>400 ARTHUR GODFREY RD #200</b>
City <b>MIAMI BEACH</b> FL Zip Code <b>33140</b>

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 _____
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9. Capital Contributions as Shown on record.	<b>\$1,450,000.00</b>
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10. Amount of Capital Contributions in FLORIDA to date.
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**11. FILE NOW!!! Due by September 8, 2004!**  
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒

**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	
DOCUMENT #	<b>P99000109972</b>
NAME	<b>WSG/FEDERAL, INC.</b>
STREET ADDRESS	<b>400 ARTHUR GODFREY ROAD, SUITE #200</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400041329954</b>
CITY-ST-ZIP	<b>09/24/04--01080--010 **541.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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

**SIGNATURE:** Spec D. SHEPPARD **8/25/04 (305) 673-3707**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #