

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A99000002216**

1. Entity Name  
**WLHST LIMITED PARTNERSHIP**



Principal Place of Business  
**3250 MARY STREET, SUITE 500**  
**MIAMI, FL 33133**

Mailing Address  
**3001 PONCE DE LEON BLVD., SUITE 211**  
**CORAL GABLES, FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**65-0970433**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHATZ, RICHARD E**  
**C/O STEARNS, WEAVER, ET AL**  
**150 WEST FLAGLER STREET, SUITE 2200**  
**MIAMI, FL 33130**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 # **P99000110456**  
 NAME **WLHST GP, INC.**  
 STREET ADDRESS **3250 MARY STREET, SUITE 500**  
 CITY - ST - ZIP **MIAMI, FL 33133**

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

**700074659517**  
**05/16/06 01016 028 \*\*500.00**

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE