


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

**FILED**  
**Aug 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> B01000000222	
<b>1. Entity Name</b> WSG DULLES, L.P.	

<b>Principal Place of Business</b> 400 ARTHUR GODFREY ROAD, SUITE 506 MIAMI BEACH FL 33140	<b>Mailing Address</b> 400 ARTHUR GODFREY ROAD, SUITE 506 MIAMI BEACH FL 33140
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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<b>4. FEI Number</b> 65-1118784	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525
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<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_

<b>9. Capital Contributions as Shown on record.</b> \$150.00	<b>10. Amount of Capital Contributions in FLORIDA to date</b>
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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.**

<b>12. GENERAL PARTNER INFORMATION</b>
<b>DOCUMENT #</b> M01000001428
<b>NAME</b> WSG DULLES GP, L.L.C.
<b>STREET ADDRESS</b> 400 ARTHUR GODFREY ROAD, SUITE 506
<b>CITY - ST - ZIP</b> MIAMI BEACH FL 33140

<b>13. ADDRESS CHANGES ONLY</b>
<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>

<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

<b>STREET ADDRESS</b>	U000000170757
<b>CITY - ST - ZIP</b>	00/23/04 00010 000 141.25

<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(f), 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:**  **Eric D. Sheppard** 08-13-04 305-673-3707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE