

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # B02000000104</b>	
1. Entity Name WHSLA REAL ESTATE LIMITED PARTNERSHIP	
Principal Place of Business 5102 WEST LAUREL STREET, SUITE 700 TAMPA, FL 33607	Mailing Address C/O ARENT FOX // ATTN: TARA V. 1050 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036



**FILED**  
07 FEB -6 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-2711972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE IN THIS SPACE**

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 Judith B. Argao Asst. Secretary & V. President DATE 2/5/07

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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	
DOCUMENT #	F02000001500
NAME	WHSLA GEN-PAR, INC.
STREET ADDRESS	5102 WEST LAUREL STREET, SUITE 700
CITY-ST-ZIP	TAMPA, FL 33607
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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02/09/07--01045--011 \*\*500.00

**DO NOT WRITE IN THIS SPACE**

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] Date 1-23-07 Daytime Phone # 813-287-3741

STAPLE CHECK HERE