

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

DOCUMENT # B02000000104



**1. Entity Name**  
**WHLA 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

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



01042007 No Chg-LP

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

**DO NOT WRITE IN THIS SPACE**

**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. *Judith B. Argao*

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Judith B. Argao  
Asst. Secretary & V. President

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**

DATE

GENERAL PARTNER INFORMATION	
DOCUMENT #	F02000001500
NAME	WHLA 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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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

700087873047  
02/08/07--01045--011 \*\$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~~

1.23.07 813-287-3941  
Date Daytime Phone #