

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B02000000104 1. Entity Name WHSLA REAL ESTATE LIMITED PARTNERSHIP					
Principal Place of Business 5427 BAY CENTER DR, SUITE 600 TAMPA, FL 33609			Mailing Address C/O ARENT FOX // ATTN: TARA V. 1050 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036		
2. Principal Place of Business - No P.O. Box # 5426 Bay Center Drive		3. Mailing Address 5426 Bay Center Drive			
Suite, Apt. #, etc. 600		Suite, Apt. #, etc. 600			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 75-2711972	
Zip 33609		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 # F02000001500 NAME WHSLA GEN-PAR, INC. STREET ADDRESS 5102 WEST LAUREL STREET, SUITE 700 CITY-ST-ZIP TAMPA, FL 33607			STREET ADDRESS 5426 Bay Center Drive Suite 600 CITY-ST-ZIP Tampa, Florida 33609		
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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:				2/17/08 83.287.3900 <small>Date Daytime Phone #</small>	

STAPLE CHECK HERE