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2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # B03000000078

1. Entity Name
WG GULF BREEZE PORTFOLIO, L.P.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3625 DUFFERIN STREET STE. 500
DOWNSVIEW ONTARIO M3K1N4 CANADA

Mailing Address
3625 DUFFERIN STREET STE. 500
DOWNSVIEW ONTARIO M3K1N4 CANADA



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01162004 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
59-3767888

Applied For
 Not Applicable

City & State

Zip Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. *SIA Filed 3,391,929*

10. Amount of Capital Contributions in FLORIDA to date. \$3,391,929

DATE

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP

WG GULF BREEZE GP, L.L.C.
3625 DUFFERIN STREET STE. 500
DOWNSVIEW ONTARIO M3K1N4 CANADA

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07/13/04--01068--003. **526.25

14. I, _____, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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 partner 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: APRIL 30, 2004
DATE DAY AND MONTH

STATE OF FLORIDA