2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
2005 MAY -2 P 4: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B03000000327

1. Entity Name
WHITEWING LEASING, LTD.

Principal Place of Business	Mailing Address
845 PROTON ROAD SAN ANTONIO, TX 78258	845 PROTON ROAD SAN ANTONIO, TX 78258

04282005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 01-0737644 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WAGLOW, NANCY~~
5035 EDGEWATER DRIVE
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name: Drew Carter
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] Assistant Region Director 4/28/05
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$19,800.00	10. Amount of Capital Contributions in FLORIDA to 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 this form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #	F03000004556	STREET ADDRESS	900055194019
NAME	INVERNESS LEASING, INC.		
STREET ADDRESS	845 PROTON ROAD		
CITY-ST-ZIP	SAN ANTONIO, TX 78258	CITY-ST-ZIP	05/24/05--01062--013 **227.35
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 04/28/2005 210-340-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #