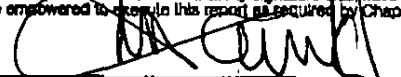


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY -2 P 4: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B03000000327				2005 MAY -2 P 4: 19	
1. Entity Name WHITEWING LEASING, LTD.		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 845 PROTON ROAD SAN ANTONIO, TX 78258		Mailing Address 845 PROTON ROAD SAN ANTONIO, TX 78258			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005 Chg-LP CR2E003 (10/05)	
City & State		City & State		4. FEI Number 01-0737844	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired ☐		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		
WAGLOW, NANCY 5035 EDGEWATER DRIVE ORLANDO, FL 32810			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  4/29/05 Signature typed or printed name of registered agent and title is 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 the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F03000004656		STREET ADDRESS	900055194019	
NAME	INVERNESS LEASING, INC.		CITY - ST - ZIP	05/24/05--01062--013 **227.35	
STREET ADDRESS	845 PROTON ROAD				
CITY - ST - ZIP	SAN ANTONIO, TX 78258				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
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NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
14. I hereby 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 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 file in this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			DATE: 04/29/2005 DAYTIME PHONE: 210-340-1155		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: GENERAL PARTNER					