

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 07 APR 24 AM 8:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B06000000150 1. Entity Name CSH-ING WILLOWWOOD LP					
Principal Place of Business 100 MILVERTON DRIVE, SUITE 700 MISSISSAUGA ONTARIO CANADA, L5R -4H1			Mailing Address 100 MILVERTON DRIVE, SUITE 700 MISSISSAUGA ONTARIO CANADA, L5R -4H1		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. BK			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4549252	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	
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.				\$8.75 Additional Fee Required	
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, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M06000001772 CSH-ING LLC 100 MILVERTON DRIVE, SUITE 700 MISSISSAUGA ONTARIO CANADA, L5R 4H1		STREET ADDRESS CITY-ST-ZIP	400101618224 05/04/07--01053--004 **500.00	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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: <u>Robert Ezer</u> 4.16.07 813-287-3900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Authorized Representative					

STAPLE CHECK HERE