


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 OCT -8 PM 12:11

DOCUMENT # B06000000276		
1. Entity Name WEMA, L.P.		

Principal Place of Business 15230 CONONGATE DRIVE FT MYERS, FL 33912	Mailing Address 15230 CONONGATE DRIVE FT MYERS, FL 33912
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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ORIGINAL
 For Taxing Authorities



09132007	Chg-LP	CR2E003 (12/06)
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EHINGER, WENDELL 15230 CONONGATE DRIVE FT MYERS, FL 33912	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: WENDELL EHINGER DATE: 9/12/07

FILE NOW!!! FEE IS \$900.00
On or after September 14, 2007, Fee will be \$1000.00

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 #	F06000004553	STREET ADDRESS	
NAME	EHINGER, INC.	CITY-ST-ZIP	
STREET ADDRESS	15230 CONONGATE DRIVE		
CITY-ST-ZIP	FT MYERS, FL 33912		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT
 2007
 BLT

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 it 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: WENDELL EHINGER DATE: 9/13/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE