

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # B93000000010**

1. Entity Name  
**WIMSATT-MT. WASHINGTON I, LIMITED PARTNERSHIP**



Principal Place of Business  
**4910 BARDSTOWN ROAD  
LOUISVILLE, KY 40291**

Mailing Address  
**4910 BARDSTOWN ROAD  
LOUISVILLE, KY 40291**



01242007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**61-1213261**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WIMSATT MT. WASHINGTON I  
GEORGE WIMSATT  
100 SO. ORLANDO AVENUE  
MAITLAND, FL 32751**

**DO NOT WRITE  
IN THIS SPACE**

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

*George Wimsatt*  
Signature, typed or printed name of registered agent and title if applicable.

DATE

*2/8/07*

**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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WIMSATT, GEORGE M JR.  
4910 BARDSTOWN ROAD  
LOUISVILLE, KY 40291**

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CITY-ST-ZIP

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U00000634713  
02/22/07-80022-007 500.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*George Wimsatt* **George Wimsatt** *2-09-07* **302-495-2151**

STAPLE CHECK HERE