

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # B97000000483**

1. Entity Name  
**WREIF-FORT MYERS, L.P.**



Principal Place of Business  
**ONE PARK ROW  
PROVIDENCE, RI 02903**

Mailing Address  
**P.O. BOX 6187  
PROVIDENCE, RI 02940**

**DO NOT WRITE IN THIS SPACE**



01122006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**06-1489710**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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 \_\_\_\_\_

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 # **F97000004829**  
NAME **WASSERMAN FORT MYERS, INC.**  
STREET ADDRESS **ONE PARK ROW, 4TH FLOOR**  
CITY-ST-ZIP **PROVIDENCE, RI 02903**

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**U00000554783**  
**05/16/06-80004-013 500.00**

**DO NOT WRITE  
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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

**David Wasserman**

**11/19/06**

Date

**401-274-5700**

Daytime Phone #

STAPLE CHECK HERE