


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

FILED
Aug 23, 2004 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # B99000000098 | |  |
| 1. Entity Name WSG SAND LAKE, LP | | |

| | |
|---|---|
| Principal Place of Business 400 ARTHUR GODFREY RD., #200 MIAMI BEACH FL 33140 | Mailing Address 400 ARTHUR GODFREY RD., #200 MIAMI BEACH FL 33140 |
|---|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|--------------------|--------------------|
| Suite, Apt. #, etc | Suite, Apt. #, etc |
|--------------------|--------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



MOORE CR2E003 (4/04)

| | |
|------------------------------------|--|
| 4. FEI Number 52-2114467 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | |
|--|--|

| | |
|--|--------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE: _____ |
|---|-------------|

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|--|---|
| 9. Capital Contributions as Shown on record. \$2,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
|--|---|

11. FILE NOW!!! Due by September 8, 2004!
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒


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 # P99000014282 | NAME WSG SAND LAKE GP, INC. | STREET ADDRESS | |
| STREET ADDRESS 400 ARTHUR GODFREY RD., #506 | | CITY- ST- ZIP | |
| CITY- ST- ZIP MIAMI BEACH FL 33140 | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY- ST- ZIP | |
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08/23/04-80010-002 141.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Eric D. Sheppard | 08-13-04 | 305-613-3707 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | <small>Date</small> | <small>Daytime Phone #</small> |