


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

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

<b>DOCUMENT # B99000000259</b>	
1. Entity Name <b>WSG WEST COLONIAL, L.P.</b>	

Principal Place of Business <b>400 ARTHUR GODFREY ROAD, #200 MIAMI BEACH FL 33140</b>	Mailing Address <b>400 ARTHUR GODFREY ROAD, #200 MIAMI BEACH FL 33140</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (4/04)

4. FE Number <b>52-2106120</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	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 _____	DATE _____
<small>Signature: typed or printed name of registered agent and title if applicable</small>	

9. Capital Contributions as Shown on record. <b>\$2,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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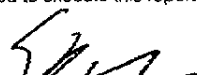
**11. FILE NOW!!! Due by September 8, 2004!**  
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒

**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P99000055394 WSG WEST COLONIAL G.P. INC. 400 ARTHUR GODFREY ROAD, #506 MIAMI BEACH FL 33140</b>	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<b>000000170754 08/23/04-80010-005 141.25</b>
		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	

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**  
**8/13/04 305-673-3707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #