APPROVED
AND
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07 APR 24 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000001500

1. Entity Name
WHSLA GEN-PAR, INC.

Principal Place of Business	Mailing Address
5102 W LAUREL ST,SUITE 700 TAMPA, FL 33607	T VENERACION 1050 CONNECTICUT AVE. 1050 CONNECTICUT AVE WASHINGTON, DC 20036

04122007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-2711975 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100099103721
04/27/07--01012--024 **150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ROTHENBERG, STUART M 85 BROAD ST NEW YORK, NY 10004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO Thilo D. Best 5102 W. Laurel St., Suite 700 Tampa, FL 33607 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO BEST, THILO 5102 W LAUREL ST,SUITE 700 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCFO Jon A. DeLuca 5102 W. Laurel St., Suite 700 Tampa, FL 33607 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO DELUCA, JON A 5102 W LAUREL ST,SUITE 700 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COOVP Stephen Benjamin 5102 W. Laurel St., Suite 700 Tampa, FL 33607 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS TRIBOLET, PATRICK 100 CRESCENT COURT, SUITE 1000 DALLAS, TX 75201	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS Robert Ezer 100 Milverton Dr., Suite 700 Mississauga, Ontario, L5R 4H1, Canada — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FERGUSON, THOMAS D 100 CRESCENT COURT, SUITE 1000 DALLAS, TX 75201	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Stephen Suske 100 Milverton Dr., Suite 700 Mississauga, Ontario, L5R 4H1, Canada — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SCESNEY, JOSEPHINE 85 BROAD ST NEW YORK, NY 10004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jon A. DeLuca April 12, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #