
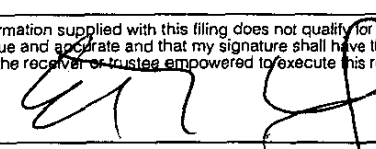


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90114 012 ****50.00

DOCUMENT # L99000008227					
1. Entity Name W.F. CAPITAL PARTNERS L.L.C.					
Principal Place of Business 20 SPANBILL RD. MANALAPAN, FL 33462			Mailing Address 20 SPANBILL RD. MANALAPAN, FL 33462		
2. Principal Place of Business 20 SPOONBILL ROAD Suite, Apt. #, etc.		3. Mailing Address 20 SPOONBILL ROAD Suite, Apt. #, etc.			
City & State MANALAPAN, FLORIDA Zip: 33462 Country: USA		City & State MANALAPAN, FLORIDA Zip: 33462 Country: USA		4. FEI Number 65-0967847	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEITZ, ETHAN 20 SPORNBILL RD. MANALAPAN, FL 33462			7. Name and Address of New Registered Agent Name: WEITZ, ETHAN Street Address (P.O. Box Number is Not Acceptable): 20 SPOONBILL ROAD City: MANALAPAN, FL Zip Code: 33462		
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. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEITZ, ETHAN 313 1/2 WORTH AVENUE SUITE B3 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOGOBOOM, SARA H 20 SPOON BILL RD MANALAPAN, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOGOBOOM, SANDRA H 20 SPOONBILL ROAD MANALAPAN, FLORIDA 33462	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEITZ, ETHAN 20 SPOONBILL RD. MANALAPAN, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEITZ, ETHAN 20 SPOONBILL ROAD MANALAPAN, FLORIDA 33462	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					