

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90074 009 \*\*\*150.00

**DOCUMENT # P99000075481**

1. Entity Name  
WSG ORLANDO-COLONIAL G.P. INC.



Principal Place of Business  
400 ARTHUR GODFREY BLVD  
SUITE 200  
MIAMI BEACH, FL 33140

Mailing Address  
400 ARTHUR GODFREY BLVD  
SUITE 200  
MIAMI BEACH, FL 33140

**DO NOT WRITE IN THIS SPACE**



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0959078**  
Applied For  
Not Applied  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LAMONT NEIMAN INTERIAN & BELLET, P.A.  
ONE BISCAYNE TOWER, STE. 3550  
TWO SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131

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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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE SD  
NAME WOLMAN, PHILLIP  
STREET ADDRESS 400 ARTHUR GODFREY BLVD, STE. 200  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE PD  
NAME SHEPPARD, ERIC  
STREET ADDRESS 400 ARTHUR GODFREY BLVD, STE. 200  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.