

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000110456					
1. Entity Name WLHST GP, INC.					
Principal Place of Business 3250 MARY STREET SUITE 500 MIAMI, FL 33133			Mailing Address 3001 PONCE DE LEON BLVD STE 211 CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0970432					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SCHATZ, RICHARD E C/O STEARNS WEAVER MILLER WEISSLER, P.A. 150 WEST FLAGLER ST. SUITE 2200 MIAMI, FL 33130					
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SIBLEY, PETER L 3250 MARY ST., STE. 500 MIAMI, FL 33133				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD TEMLING, PETER W 3250 MARY STREET STE 500 MIAMI, FL 33133				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
12. 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 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: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <i>2/1/05</i>					
Daytime Phone: <i>305-445-4229</i>					