

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A07158
 1. Entity Name
WJA REALTY LIMITED PARTNERSHIP

FILED
 00 JUN 13 AM 8:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 15 E. 5TH ST., STE 4030
 TULSA OK 74103

Mailing Address
~~15 E. 5TH ST., STE 4030~~ P.O. Box 1439
 TULSA OK ~~74103-4347~~
 74101-1439

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1439
 Suite, Apt. #, etc.

City & State
Tulsa, OK

4. FEI Number
04-2632298

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

6. Name and Address of Current Registered Agent
DONOVAN, RICHARD P
14535 N.W. 60TH AVE.
HIALEAH FL 33014-2808

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.
 SIGNATURE _____ DATE **FF \$526.25**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$9,900,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **9,900,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	WHEELER, ROGER M JR. David B. Wheeler 3420 E. 64TH ST. TULSA OK	STREET ADDRESS CITY - ST - ZIP	5809 Carryback Lane Austin, TX 78746
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F93000000466 E.H.P. CORPORATION 150 FEDERAL STREET BOSTON MA	STREET ADDRESS CITY - ST - ZIP	clo Wheeler Energy Co. P.O. Box 1439 Tulsa, OK 74101-1439
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	000003234290--9 -05/02/00--01015--008 ****526.25 ****526.25
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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: *[Signature]* **SIGNATURE REQUIRED** **04/07/2000** **(918) 567-7474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #