
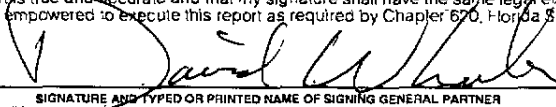


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A07158</b>					
1. Entity Name <b>WJA REALTY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>4033 SOUTH YORKTOWN PLACE TULSA, OK 74105</b>		Mailing Address <b>4033 SOUTH YORKTOWN PLACE TULSA, OK 74105</b>			
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 <b>04-2632298</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				Name	
				Street Address (P O Box Number is Not Acceptable)	
				City	
				State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$9,900,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
	<b>WHEELER, DAVID B</b>		CITY-ST-ZIP		
	<b>5809 CARRYBACK LANE</b>				
	<b>AUSTIN, TX</b>				
DOCUMENT #	NAME		STREET ADDRESS		
	<b>F93000000466</b>				
	<b>E.H.P. CORPORATION</b>				
	<b>4033 SOUTH YORKTOWN PLACE</b>				
	<b>TULSA, OK 74105</b>				
DOCUMENT #	NAME		STREET ADDRESS		
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: 			Date: <b>3-10-04</b>		Daytime Phone #: <b>918-749-6875</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>DAVID B. Wheeler</b>					



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STAPLE CHECK HERE