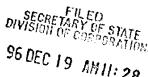
## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham



1997	Secretary of State DIVISION OF CORPORATIONS		s	96 DEC 19 AMII: 28		
1. Name of Limited Partnership	1a. DOCUMENT # A13532					
WESTLAND DEVELOPMENT NO	D. 2, LTD.			1 100 EUI 1001 HILOU HILU BHUL		III 61511 71611 01215 01071 1401
				0012/27		
Mailing Address 7700 N. Kendall Drive Suite 200 Mami Fl 33156	Principal Office Address 7700 N. KENDALL DRIVE SUITE 200 MIAMI FL 33156			1. Date Formed or Registered 11/24/1982 88. Date of Lest Report 12/18/1995	58. Capital Contributions as Shown on record \$28,600.00	
2. Mailing Address	2a. Principal Office Address		State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date: \$28,600.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6	5. FEI Number 59-2274270	Applied For Not Applicable	
City & State  Zip Country	City & State  Zip Country		7	• Certificate of Status Desired		\$8.75 Additional Fee Required
Zip Coording	8. Make check payable to Dept. of State (See reverse side for fee information)				erse side for fee information)	
Name and Address of Current Registered Agent  No. No. 1			10, If changed, new Registered Agent/Office			
GREEN, ELIZABETH A., ESO 7700 N. KENDALL DRIVE SUITE 200 MIAMI FL 33156	Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  FL Zip Code					
Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT I MUST	gistered agent, or both, in the State of Flor of section 620.192, Florida Statutes.	ida. Such chang	ge was author	DATE	reby accept the	appointment of registered
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office B		11b.	City, State & Zip Code	11c.	Registration/ Document Number
westland const.corp.no.2  •	7700 N. KENDALL DR.,		MLAM	<b>FL 33156</b>    <b>S</b>	042°	<b>16:55——6</b> 076—808 ****338.95
Note: Coperal nations MAY NOT	he changed on this form	1. gp cm-	andmos t	t must be filed to sh	Janas S. A.	anaral nartnar
Note: General partners MAY NOT  12. I do hereby certify that the information supplied with the	is filing is voluntarily furnished and does no	ot qualify for the	exemption sta	ated in Section 119.07(3)(k), Florid	a Statutes. I rele	ease the Division of
Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign	Section 119.07(3)(k) in the event that the in nature shall have the same legal effects as	formation suppli if made under o	lied is deemed bath. I further	dexempt from public access. I fur certify that I am a General Partner a corporation,	ther certify that t of the limited pa	he information indicated on inthership, receiver or trustee eral Partner
	lizabeth A. Green,	Secreta	ry		(305) 6	