

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 23 PM 12:24

1. Name of Limited Partnership
BEACON WTFI, LTD.

1a. DOCUMENT #
A92000000227



Mailing Address
**667 MADISON AVENUE
8TH FLOOR
NEW YORK NY 10021-6697**

Principal Office Address
**667 MADISON AVENUE
8TH FLOOR
NEW YORK NY 10021-6697**

3. Date Formed or Registered
12/29/1992

5a. Capital Contributions as Shown on record.
\$3,400,000

3a. Date of Last Report
01/07/1997

5b. Amount of Capital Contributions in FLORIDA to date:
\$3,400,000

4. State or Country of Formation
FL

6. FEI Number
58-2035260

Applied For
 Not Applicable

7. Certificate of Status Desired
 \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address
**655 MADISON AVENUE
8TH FLOOR
NEW YORK, NY
10021-8043 USA**

2a. Principal Office Address
**655 MADISON AVENUE
8TH FLOOR
NEW YORK, NY
10021-8043 USA**

9. Name and Address of Current Registered Agent
**GRAGG, K L
4900 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131-2352**

10. If changed, new Registered Agent/Office

Name
7000002469777-6

Street Address (P.O. Box Number is Not Acceptable)
03/26/98--01104--006

Suite, Apt. #, etc.
******526.25 ****526.25**

City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BEACON WTFI, INC.	667 MADISON AVENUE, 8 655 MADISON AVENUE 9TH FLOOR	NEW YORK NY 10021	P92000014738
			KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE DATE **3/16/98**

Typed or Printed Name of General Partner Signing Form **BEACON WTFI, INC., G.P.
THOMAS M. STOINBERG, V.P.** Daytime Telephone Number **(212) 521-2805**

CR2E003 (12/97)