

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
98 JAN -2 PM 3:22
DEPT. OF STATE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001043

WMC PARTNERS, LTD.



Mailing Address

~~1800 GLADES ROAD~~
~~SUITE 400~~
BOCA RATON FL 33431

Principal Office Address

~~1800 GLADES ROAD~~
~~SUITE 400~~
BOCA RATON FL 33431

3. Date Formed or Registered

07/12/1995

5a. Capital Contributions as Shown on record.

\$445,500.00

3a. Date of Last Report

01/03/1997

5b. Amount of Capital Contributions in FLORIDA to date:

445,500.00

4. State or Country of Formation

FL

2. Mailing Address

2300 GLADES ROAD
Suite, Apt. #, etc.
SUITE 100 E
City & State
BOCA RATON FL
Zip Country
33431 USA

2a. Principal Office Address

2300 GLADES ROAD
Suite, Apt. #, etc.
SUITE 100 E
City & State
BOCA RATON FL
Zip Country
33431 USA

6. FEI Number

65-0608880

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)

9. Name and Address of Current Registered Agent

GREENFIELD, WILLIAM
~~1800 GLADES ROAD~~
~~SUITE 400~~
BOCA RATON FL 33431

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

2300 GLADES ROAD

Suite, Apt. #, etc.

SUITE 100 E

City

BOCA RATON

FL

Zip Code

33431

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 Statute.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

W.P.

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)

WMC EQUITY CORP.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

~~1800 GLADES ROAD, STE~~
2300 GLADES ROAD
SUITE 100 E

11b. City, State & Zip Code

BOCA RATON FL 33431

11c. Registration/Document Number

P95000053315

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-01/15/98--01044--013
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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

William R Greenfield Pres of GP

DATE **12/31/97**

Typed or Printed Name of General Partner Signing Form

William R Greenfield

Daytime Telephone Number

(561) 392-6662

CR2E003 (6/97)