

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

<p>LIMITED PARTNERSHIP ANNUAL REPORT 1999</p>		<p align="center">FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>
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<p>1. Name of Limited Partnership</p> <p>WILJOHN, LTD.</p>	<p>1a. DOCUMENT # A95000001050</p>
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<p>2. Mailing Address</p> <p>2120 INDIAN ROAD WEST PALM BEACH FL 33409</p>	<p>2a. Principal Office Address</p> <p>2120 INDIAN ROAD WEST PALM BEACH FL 33409</p>	<p>3. Date Formed or Registered 07/13/1995</p> <p>3a. Date of Last Report 03/12/1998</p> <p>4. State or Country of Formation FL</p> <p>5a. Capital Contributions as Shown on record \$9,800.00</p> <p>5b. Amount of Capital Contributions in FLORIDA to date</p> <p>6. FEI Number 65-0607038</p> <p>7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable</p> <p>8. Make check payable to: Dept. of State (See reverse side for fee information) <input type="checkbox"/> \$8.75 Additional Fee Required</p>
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<p>9. Name and Address of Current Registered Agent</p> <p>MCALLISTER, WILLIAM S 2120 INDIAN ROAD WEST PALM BEACH FL 33409</p>	<p>10. If changed, new Registered Agent/Office</p> <p>Name _____</p> <p>Street Address (P.O. Box Number Is Not Acceptable) _____</p> <p>Suite, Apt. #, etc. _____</p> <p>City _____ State FL Zip Code _____</p>
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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.**

<p>11. Name(s) of General Partner(s)</p> <p>MB HOLDING CORP.</p>	<p>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</p> <p>2120 INDIAN ROAD</p>	<p>11b. City, State & Zip Code</p> <p>WEST PALM BEACH FL 33</p>	<p>11c. Registration/Document Number</p> <p>P95000051701</p>
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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 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 **3-11-99**

Typed or Printed Name of General Partner Signing Form: **JOHN J. BELMONTE** Daytime Telephone Number _____

CR2E003 (12/98)