

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

FILED

98 NOV -6 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership WEAVCO, LTD.	1a. DOCUMENT # A97000000309
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Mailing Address 6788 N.W. 17TH AVENUE FORT LAUDERDALE FL 33309	Principal Office Address 6788 N.W. 17TH AVENUE FORT LAUDERDALE FL 33309	3. Date Formed or Registered 02/04/1997	5a. Capital Contributions as Shown on record. \$550,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/07/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$550,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 65-0729706	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$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 GREEN, MITCHELL F KRAMER, GREEN, ZUCKERMAN & KAHN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD FL 33021	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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.**

11. Name(s) of General Partner(s) WEAVCO REAL ESTATE CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6788 N.W. 17TH AVENUE	11b. City, State & Zip Code FORT LAUDERDALE FL 33	11c. Registration/ Document Number P97000010198
<p>300002684909--2 -11/10/98--01086--011 ***526.25 ***526.25</p> <p>NOV - 9 1998</p>			

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 Marianne Weaver, Pres. DATE 10/31/98

Typed or Printed Name of General Partner Signing Form Marianne Weaver, President Daytime Telephone Number (954) 979-5696

CR2E003 (8/98)