

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR -6 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership WILLENBRECHT, LTD.		1a. DOCUMENT # A98000000379	
Mailing Address 104 SOUTHEAST 5TH COURT DEERFIELD BEACH FL 33441		Principal Office Address 104 SOUTHEAST 5TH COURT DEERFIELD BEACH FL 33441	
2. Mailing Address 624 S. Military Trail Suite, Apt. #, etc.		2a. Principal Office Address 624 S. Military Trail Suite, Apt. #, etc.	
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL	
Zip Country 33442 USA		Zip Country 33442 USA	
3. Date Formed or Registered 02/06/1998		5a. Capital Contributions as Shown on record \$980.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation FL		6. FEI Number 65-0814152	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		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 SCHMIDT, PETER H 400 SOUTH DIXIE HIGHWAY, SUITE 420 BOCA RATON FL 33432		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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) FREDERICK'S, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 104 SOUTHEAST 5TH COU	11b. City, State & Zip Code DEERFIELD BEACH FL 33	11c. Registration/Document Number P98000009156
500002836755--0 -04/12/99--01127--016 ***141.25 ***141.25			
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 <i>Albert F. Margus</i>		DATE 4/2/99	
Typed or Printed Name of General Partner Signing Form Albert F. Margus President for		Daytime Telephone Number 954-421-2192	

CR2E003 (12/98)