

B95000000217

1508 Forest Lane
McLean, VA 22101
(O)703-243-7800

May 27, 1995

Florida Dept. of State
Div. of Corporations
Box 6327
Tallahassee, FL 32314

500001502405
-05/31/95--01090--010
*****87.50 *****87.50

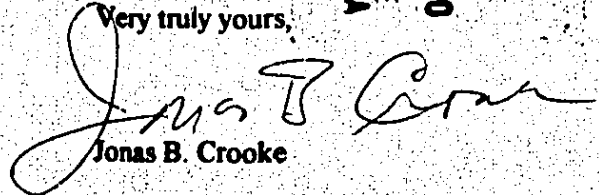
Dear Sir or Madam:

Enclosed are the following to register The 2500 WPB Limited Partnership, a Virginia limited partnership, in Florida:

1. Two Applications By Foreign Limited Partnership for Authorization to Transact Business in Florida with attachment naming the registered agent in Florida
2. Two Affidavits of Capital Contribution; and
3. A check in the amount of \$87.50.

Please send acknowledgment to me at the address shown above.

Very truly yours,


Jonas B. Crooke

FILED
JUN 13 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Availability	6/2/95 DCC
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

TC
\$ 99.00

W95000011412

B95000000217



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 2, 1995

JONAS B. CROOKE
1508 FOREST LANE
MCLEAN, VA 22101

SUBJECT: THE 2500 WPB LIMITED PARTNERSHIP
Ref. Number: W95000011412

We have received your document for THE 2500 WPB LIMITED PARTNERSHIP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must give a specific amount on the affidavit. You can not state unknown on the affidavit.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 895A00027614

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. THE 2500 WPR LIMITED PARTNERSHIP
(Name of limited partnership as it is in the home state;

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. VIRGINIA (State of Formation) 4. FEB 17 1995 (Date of Formation)

5. Larry Wolfe
(Name of Registered Agent for Service of Process)

6. 200 A JOHN KNOX RD.
(Street Address of Registered Office)
Tallahassee, Florida 32303-
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

SEE ATTACHED
(Agent must sign on this line)

8. 1508 FOREST LANE MCLEAN, VA 22101
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

SPECIFIC ADDRESS

JONAS B. CROOKE

1508 FOREST LANE
MCLEAN, VA 22101

10. 1508 FOREST LANE MCLEAN, VA 22101
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 1508 FOREST LANE MCLEAN, VA 22101
(Mailing Address of Limited Partnership)

FILED
1995 JUN 13 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This 9th day of MAY, 19 95.

Jonas B. Crooke
General Partner

STATE OF Virginia

COUNTY OF ARLINGTON

THE FOREGOING instrument was acknowledged and sworn to before me this 9th day of May, 19 95, by Jonas B. Crooke (Name of General Partner) of

THE 2500 WOOD LIMITED PARTNERSHIP
(Name of Limited Partnership), A Virginia (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Margaret Ann Hile

Notary Public
State of Virginia at Large

My Commission Expires:
6/30/97

(SEAL)

My Commission Expires June 30, 1997

Enclosed Herein is My
Commonwealth of Virginia Notary Public Seal
My Commission Expires June 30, 1997
MARGARET ANN HILE

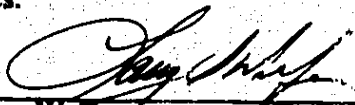
FILED
1995 JUN 13 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS MAY BE SERVED.

In compliance with Section 607.1507, Florida Statutes, the following is submitted:

First, this The 2500 WP Limited Partnership
desiring to organize under the laws of the state of Florida with its principal
business located in the city of Tallahassee, State
Florida, has named Larry Wolfe located at 200 - A John Knox Road, Tallahassee, Florida
32303-6643 as its agent for service of process within Florida.

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


Larry Wolfe

05/24/95
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 JUN 12 PM 12:30

FILED

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared JONAS D. CROOKE, a general partner of THE 2500 WPT Limited Partnership (an) VIRGINIA, limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 99.00

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ ~~600000~~ - 0 -

This 9th day of MAY, 1995

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner
Jonas D. Crooke

FILED
1995 JUN 13 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF Virginia
COUNTY OF Arlington
DATE May 9, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared JONAS D. CROOKE (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 9th day of May, 1995.

Margaret Ann Hile
Notary Public

Seal

State of Virginia at Large
My Commission Expires: 6/30/97

Embossed Herein is My
Commonwealth of Virginia Notary Public Seal
My Commission Expires June 30, 1997
MARGARET ANN HILE

My Commission Expires June 30, 1997

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$300 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC 29 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
1a. DOCUMENT #
B9500000217

THE 2500 WPB LIMITED PARTNERSHIP

96-AR
CM

DO NOT WRITE IN THIS SPACE

Mailing Address
1500 FOREST LANE
MCLEAN VA 22101

Principal Office Address
1500 FOREST LANE
MCLEAN VA 22101

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA
06/13/1995

3a. Date of Last Report
N/A

4. State or Country of Formation
VA

5a. Capital Contributions as Shown on Record
\$88.00

5b. Amount of Capital Contributions in FLORIDA to date
\$99.00

6. FEI Number
54-1754289

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Not Applicable

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent
WOLFE, LARRY
200 A JOHN INOX ROAD
TALLAHASSEE FL 32303-0843

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 620.102, 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

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
CROOKE, JONAS B	1500 FOREST LANE	MCLEAN VA 22101	800001683218 -01/10/96--01010--013 ****191.25 ****191.25

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 Jonas B. Crooke DATE 12-26-95
Typed or Printed Name of General Partner Signing Form JONAS B. CROOKE Telephone Number 703-237-0768

CR2E003 (6/95)