PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERS REINSTATE		FORIDADIAN Sedetan DIVISION OF	MENT OF ST of Stike ORPORATIONS	7-	B / FIL 04 JUN 22	_ED	ı: 17	
DOCUMENT # A01000000931					SECRETARY OF STATE			
1. Name of Limited Partnership WRE INVESTMENTS I, LLLP					TALLAHASSEE, FLORIDA			
					EMSIATEMENT 2004			
2. Principal Office Address 540 RUTLIE DRIVE		3. Mailing Office Address 540 RUTLIE DRIVE			4. Date Formed or Registered To Do Business in Florida 7/11/2001			
Suite, Apt. #, etc.	À	Suite, Apt. #, etc.			5. FEI Number Applied For 59-3730162 Not Applicable			
City & State PONTE VEDRA BEACH, FL		City & State PONTE VEDRA BEACH, FL			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
zip 32082	Country	^{Zip} 32082	Country		7a. Capital Contributions as shown on Record: 1,392,678.28 7b. Amount of Capital Contributions in FLORIDA to date:			
8. Name and Address of Current Registered Agent					Par Atlount of Organia Contributions		1,392,678.28	
Street Address (P.O. Box Number is Not Acceptable) 540 RUTLIE DRIVE Suite, Apt. #, Etc. City PONTE VEDRA BEACH State J Zip Code 32082					FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
9. 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
10. Name(s) of G	eneral Partner(s)	Address of Each			City, State and Zip Code	10a.	Registration Document Number	
EVANS FAMII	·	540 RUTLIE DRIVE		PONTE VEDRA BEACH, FL 32082		P010	00067690	
					40003814 06/21/04010930	282 ** K	4 2061.25 B	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.								
11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 it 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 SIG								
Typed or Printed Name of General Partner Signing Form								