

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

| | |
|---|--|
| LIMITED PARTNERSHIP ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|--|

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 96 NOV -4 PM 12:12



| | |
|---|--|
| 1. Name of Limited Partnership WEKIVA, LIMITED | 1a. DOCUMENT # A02136 |
|---|--|

| | | | |
|--|--|---|---|
| Mailing Address 600 OLOLU DR. WINTER PARK FL 32789 | Principal Office Address 600 OLOLU DR. WINTER PARK FL 32789 | 3. Date Formed or Registered 04/25/1973 | 5a. Capital Contributions as Shown on record \$243,723.25 |
| | | 3a. Date of Last Report 12/27/1995 | 5b. Amount of Capital Contributions in FLORIDA to date: \$243,723.25 |
| 2. Mailing Address | 2a. Principal Office Address | 4. State or Country of Formation FL | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 6. FEI Number 59-1528660 | |
| City & State | City & State | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip Country | Zip Country | 7. Certificate of Status Desired | |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent DEXTER, CHARLES S. 600 OLOLU DR. WINTER PARK FL 32789 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City |
| | 300002004253--4 -11/14/96--01029--018 ***576.25 ***576.25 FL |
| 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) BECHERT, C. H., II, M.D. PRINCE, THOMAS, M.D. DEXTER, CHARLES, M.D. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4875 NE 20TH TERR. 409 BALMORAL RD. 600 OLOLU DR. | 11b. City, State & Zip Code FT. LAUDERDALE FL WINTER PARK FL WINTER PARK FL | 11c. Registration/Document Number KWM |
|---|---|---|--|

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 Charles S. Dexter DATE 10 - 11 - 96
 Typed or Printed Name of General Partner Signing Form Charles S. Dexter Daytime Telephone Number 407/644-1126

CR2E003 (6/96)