

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

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96 DEC 17 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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



12/19

1. Name of Limited Partnership WOODGATE MANOR ASSOCIATES, LTD.	1a. DOCUMENT # A05258
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Mailing Address % RELATED SERVICES CORP. 2828 CORAL WAY, PENTHOUSE MIAMI FL 33145	Principal Office Address % RELATED SERVICES CORP. 2828 CORAL WAY, PENTHOUSE MIAMI FL 33145	3. Date Formed or Registered 10/11/1976	5a. Capital Contributions as Shown on record \$550,000.00
2. Mailing Address 8211 WEST Broward Blvd. Suite # 350 Plantation, Florida 33324 USA	2a. Principal Office Address 8211 WEST Broward Blvd. Suite # 350 Plantation, Florida 33324 USA	3a. Date of Last Report 05/02/1996	5b. Amount of Capital Contributions in FLORIDA to date
		4. State or Country of Formation FL	
		6. FEI Number 22-2143903	<input type="checkbox"/> Applied For <input checked="" 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 LYONS, BEN H C/O RELATED SERVICES CORP. 2828 CORAL WAY, PENTHOUSE MIAMI FL 33145	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Numbers Not Acceptable) 8211 WEST Broward Blvd. Suite # 350 Plantation FL 33324
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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) *[Signature]* DATE **12/12/96**

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ROSS, STEPHEN M.	625 MADISON AVE.	NEW YORK NY	
THE RELATED COMPANIES, INC.	625 MADISON AVE.	NEW YORK NY	848954

900002035275-0
-12/20/96-01075-127
*****575.25 *****76.25

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 *[Signature]* DATE _____

Typed or Printed Name of General Partner Signing Form **STEPHEN M. ROSS** Daytime Telephone Number **954-474-6655**

CR2E003 (6/96)