FILE ON OR BEFL RE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT# A13532

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Mailing Address 7700 N. KENDALL DRIVE SUITE 200		Principal Office Address 7700 N. KENDALL DRIVE SUITE 200	3. Date Formed or Registered 11/24/1982 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$28,600.00 5b. Amount of Capital Contributions in FLORIDA to date: \$28,600.00 Applied For Not Applicable		
2. Mailing Address 23 Suite, Apt. #, etc. Su		MIAMI FL 33156	12/22/1997 4. State or Country of Formation			
		2a. Principal Office Address	FL FL			
		Suite, Apt. #, etc.	6. FEI Number 59-2274270			
Zip Zip	Country	Zip Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required		
·			8. Make check payable to: Dept. of	8. Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent		10. If changed, new Registere	10. If changed, new Registered Agent/Office			
		Name				

	ivame.				
Green, Elizabeth A., ESQ 7700 N. Kendall Drive	Street Address (P.O. Box Numb	Street Address (P.O. Box Number Is Not Acceptable)			
SUITE 200	Suite, Apt. #, etc.	5000027353657 -01/08/9901099016			
MIAMI FL 33156	City	****291. FL ****291.75			
10a. Pursuant to the provisions of sections 620,1051 and 620,192, Florid	la Statutes, the above-named limited partnership organized or r	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.

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	
WESTLAND CONST.CORP.NO.2	7700 N. KENDALI DD	MIAMI FL 33156	F90456	100
WEST DAIND CONST.CORF.NO.2	7700 N. KENDALL DR.,	MIMMI PL 33 130	F90430	5
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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. [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.

WESTLAND CONSTRUCTION CORP. NO. 2, a Florida corporation, its General Partner SIGNATURE By:

Linguistic Partner

DATE

DATE

DATE

ELIZABETH A. GREEN, Vice President