

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 16 AM 10:30

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A20990
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WOODROLL ASSOCIATES LIMITED PARTNERSHIP

Mailing Address % FRED GORDON 280 NORTH WOODWARD AVENUE, SUITE 407 BIRMINGHAM MI 48009	Principal Office Address % FRED GORDON 280 NORTH WOODWARD AVENUE, SUITE 407 BIRMINGHAM MI 48009
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 10/15/1985	5a. Capital Contributions as Shown on record. \$35,040.00
3a. Date of Last Report 03/12/1997	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	
6. FEI Number 13-3303187 <input type="checkbox"/> Applied For <input 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

**GORDON, ANGELIA
% ANGELIA GORDON PROPERTY MANAGEMENT CO.
4030 DIJON DRIVE
ORLANDO FL 32808**

10. If changed, new Registered Agent/Office

Name _____

Street Address (P.O. Box Number Is Not Acceptable) _____

Suite, Apt. #, etc. **600082433056--9**

City **-02/17/98-01092** Date **003**
******349.03****349.03**

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) *Angelia Gordon* DATE **2/7/98**

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) GORDON, FRED	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 208 N. WOODWARD AVE #	11b. City, State & Zip Code BIRMINGHAM MI	11c. Registration/ Document Number
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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. 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 *Fred Gordon* DATE **12/15/97**

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/97)