

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JAN -5 PM 12: 16 	
1. Name of Limited Partnership WINTER OAKS PARTNERS, LTD. (L.P.)		1a. DOCUMENT # A21565			
Mailing Address 1130 CONNECTICUT AVE., NW, #800 WASHINGTON DC 20036		Principal Office Address 1130 CONNECTICUT AVE., NW, #800 WASHINGTON DC 20036		3. Date Formed or Registered 12/19/1985	
2. Mailing Address 1129 20th Street, NW Suite, Apt. #, etc. Suite 510 City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/31/1996	
4. State or Country of Formation GA		5a. Capital Contributions as Shown on record. \$685,100.00		5b. Amount of Capital Contributions in FLORIDA to date: \$685,100	
6. FEI Number 58-1653306		☐ Applied For ☒ Not Applicable			
7. Certificate of Status Desired		☐ \$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 BISHOP, C. KEN 1051 WINDERLEY PLACE, FOURTH FLOOR MAITLAND FL 32751		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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.

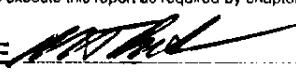
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

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) WINTER OAKS, L.P., LTD.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1130 CONNECTICUT AVE. 1129 20th Street, NW Suite 510	11b. City, State & Zip Code WASHINGTON DC 20036	11c. Registration/Document Number B94000000166
437.50 103.75		dec	

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  DATE **12/29/97**
 Typed or Printed Name of General Partner Signing Form **Michael T. Butler, Manager** Daytime Telephone Number **202-296-6200**

CR2E003 (6/97)