

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 23 AM 10:26

1. Name of Limited Partnership WILLIAMS ISLAND, A PRIVATE CLUB, LTD.	1a. DOCUMENT # A23083
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Mailing Address 7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160	Principal Office Address 7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160	3. Date Formed or Registered 08/19/1986	5a. Capital Contributions as Shown on record. \$99.00
		3a. Date of Last Report 03/19/1997	5b. Amount of Capital Contributions in FLORIDA to date.
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	4. State or Country of Formation FL	6. FEI Number 59-2707306
		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent BERCOON, MARC ESQ. 7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City State 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) WIP HOLDING, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4000 ISLAND BLVD.	11b. City, State & Zip Code NORTH MIAMI BEACH FL	11c. Registration/Document Number F98000005698
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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.

WIP HOLDING, INC.
 SIGNATURE By: Marc E. Bercoon, V.P. DATE 9/5/97
 Marc E. Bercoon
 Typed or Printed Name of General Partner Signing Form Marc E. Bercoon Daytime Telephone Number (305) 935-3110

CR2E003 (6/97)