

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

97 NOV 24 AM 10: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership <b>WILDWOOD OAKS, LTD.</b>		1a. DOCUMENT # <b>A23273</b> <i>98-AR/cus</i> <i>CM</i>
Mailing Address <b>P. O. BOX 5252 LAKELAND FL 33807</b>	Principal Office Address <b>P. O. BOX 5252 LAKELAND FL 33807</b>	3. Date Formed or Registered <b>09/22/1986</b>
2. Mailing Address <b>Suite, Apt. #, etc.</b>	2a. Principal Office Address <b>Suite, Apt. #, etc.</b>	3a. Date of Last Report <b>12/13/1996</b>
City & State	City & State	4. State or Country of Formation <b>FL</b>
Zip	Country	6. FEI Number <b>59-2792679</b>
		5a. Capital Contributions as Shown on record <b>\$100.00</b>
		5b. Amount of Capital Contributions in FLORIDA to date:
		7. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information) <b>\$8.75 Additional Fee Required</b>

9. Name and Address of Current Registered Agent <b>McFARLANE, PETER A. 5015 S. FLORIDA AVE. SUITE 215 LAKELAND FL 33813</b>	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) <b>600002361246--2</b> Suite, Apt. #, etc. <b>-12/02/97--01080--010</b> City <b>****165.00 ****165.00</b> <b>FL</b>
--	---

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) <b>A.T.A. PROPERTIES, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>5015 S. FLORIDA AVE.</b>	11b. City, State & Zip Code <b>LAKELAND FL</b>	11c. Registration/Document Number <b>F77249</b>
---	--	---	--

**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 *Kim Kelley* Treasurer  
Typed or Printed Name of General Partner Signing Form **Kim Kelley, Treasurer**

DATE **11/19/97**  
Daytime Telephone Number **941-647-1581**

CR2E003 (6/97)