FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION **AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



FIRST RESERVE LIMITED PARTNERSHIP-1988

FLORIDA DEPARTMENT OF STATE Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A24255

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MAR 24 AM II: 50



Malling Address 8200 SOUTH DADELAND BLVD. SUITE 225 MIAMI FL 33156 9
2. Mailing Address 28. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Tourity Country Applied For Not Applicable 7. Certificate of Status Desired 8. Make check payable to Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent OLLE, DENNIS J. OLLE, ST. LOUIS, MACAULAY, ZORRILLA & LEE 201 S. BISCAYNE BLVD., 1402 MIAMI CENTER MIAMI Ft. 33131 Namo Street Address (P.O. Box Number is Not Acceptable) City Tourity Suite, Apt. #, etc. City Tourity Tourity 10. If changed, new Registered Agent/Office Namo Street Address (P.O. Box Number is Not Acceptable) Tourity Tourity 10. If changed, new Registered Agent/Office Namo Street Address (P.O. Box Number is Not Acceptable) Tourity Tourity 10. If changed, new Registered Agent/Office Namo Street Address (P.O. Box Number is Not Acceptable) Tourity Tourity 10. If changed, new Registered Agent/Office Namo Street Address (P.O. Box Number is Not Acceptable) Tourity Tourity 10. If changed, new Registered Agent/Office Namo Street Address (P.O. Box Number is Not Acceptable) Tourity
28. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country 10. If changed, new Registered Agent/Office Namo Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Xive, Apt. #, e
City & State Country Country Zip Country Zip Country 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 10. If changed, new Registered Agent/Office Name OLLE, DENNIS J. OLLE, ST. LOUIS, MACAULAY, ZORRILLA & LEE 201 S. BISCAYNE BLVD., 1402 MIAMI CENTER MIAMI FL 33131 City FL 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 Fiorida, submits this statement for the provisions of sections 620.1051 and 620.192, Florida Statutes. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I hereby accept the appointment of registered agent.
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9. Name and Address of Current Registered Agent OLLE, DENNIS J. OLLE, ST. LOUIS, MACAULAY, ZORRILLA & LEE 201 S. BISCAYNE BLVD., 1402 MIAMI CENTER MIAMI FL 33131 City FL City Total Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. O3/27/97-01098-011 City FL Total Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. O3/27/97-01098-011 The purpose of changing its 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 har familiar with, and accept the obligations of section 620.192, Florida Statutes.
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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) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City. State & Zip Code 11c. Registration/Document Number
GWEC INVESTORS, INC. 9200 SOUTH DADELAND B MIAMI FL 33156 P95000008523
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SIGNATURE .

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Deporations 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 execute this report as execute.