FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

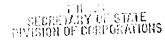
Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A25763

WILMA/SKYLAND JOINT VENTURE, LTD.



98 (30 19 PN 2:20

ailing Address 780 Johnson Ferry Ro. Suite 250 Atlanta ga 30342	Principal Office Address 780 JOHNSON FERRY RD. SUITE 250 ATLANTA GA 30342		3. Date Formed or Registered 01/11/1988 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$45.00
FIDNIN ON WOYZ	ATEMPT ON COME		12/04/1995	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address Suite, Apt. #, etc.		to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 58-1736815 Applied For Not Applied For Not Applied For
City & State	City & State		7. Certificate of Status Desired	\$8.75 Addit onal Fee Required
Zip Country	Zip	Country	8. Make check payable to Dept of State (See reverse side for fee informa-	
9. Name and Address o	f Current Registered Agent		10. If changed new Registe	red Agant/Office
CAPITAL CONNECTION, INC.				
•	46101	Name	(DO D	
Capital Connection, Inc. 417 East Virginia St. Suite 1	ne valar	Street Address	(P.O. Box Number is Not Acceptable)	
417 EAST VIRGINIA ST.	up valar	Street Address I		ZurCods
417 EAST VIRGINIA ST. SUITE 1 TALLAHASSEE FL 32301		Street Address I Suite, Apt #, etc City	0	FL 7ip Code
417 EAST VIRGINIA ST. SUITE 1 TALLAHASSEE FL 32301 10a. Pursuant to the provisions of sections 626 for the purpose of changing its registered agent. I am familiar with, and accept the CSIGNATURE (Registered Agent Accepting Appoint A GENERAL PARTNER 1	1051 and 620 192 Florida Statutes, the abover- office or registered agent or both, in the State or obligations of section 620 192, Florida Statutes ment)	Street Address I Suite, Apt *, etc City named Imited partnersh Il Floridal Such change i	ip organized or registered under the laws o was authorized by its general partner(s). The DAT	FL the State of Floridal submits this statem ereby accept the appointment of register
417 EAST VIRGINIA ST. SUITE 1 TALLAHASSEE FL 32301 10a. Pursuant to the provisions of sections 620 for the purpose of changing its registered agent. I am familiar with, and accept the CSIGNATURE (Registered Agent Accepting Appoint A GENERAL PARTNER 1	1051 and 620 192 Florida Statutes, the above- office or registered agent or both, in the State o obligations of section 620 192, Florida Statutes ment)	Street Address I Suite, Apt *, etc. City named Insted partnersh Il Florida Such change I AND ACTIVE	ip organized or registered under the laws o was authorized by its general partner(s). The DAT	FL the State of Floridal submits this statem creby accept the appointment of register

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 filting 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 decried 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

DATE 12-15-96

Typed or Printed Name of General Partner Signing Form Karen S. Graham, Corp. Secret@armyTelephone Number404-252-0070