FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A27357

FILED

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SECRETARY OF STATE TALLAHASSLE, FLORIDA

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	H HANGAR, LID.						
Melling Address Princip		Principal Office Address	incipal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
3700 AI	RPORT RD.	3700 AIRPORT RD.			11/14/1988	\$100.00	
401 BOCA F	RATON FL \$34 31	401 BOCA RATON FL 33431			38. Date of Lest Report		
DOUR !	on one re quitor	OOON HATON LE SONS!			02/20/1998	5b. Amount of Capital Contributions in FLORIDA	
Mailing Address Za. Principal Office Address		28. Principal Office Address			4. State or Country of Formation	to dete:	
Sulte, Apt. #, etc. 5		Suite, Apt. #, etc.	Sulte, Apt. #, etc.		6. FEI Number	Applied For	
City & S	Note .	City & State	Chu P State		65-0082442	Not Applicable	
City a v	State	City & State			7. Certificate of Status Desired	\$8.75 Additional	
Zip	Country	Zip	Country		8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee informati	
	9. Name and Address of Curren	t Registered Agent	Alama		10. If changed, new Registered	Agent/Office	
GREENBERG, MARTIN F.			Name Street Address (P.O. Box Number Is Not Acceptable)				
3700 AIRPORT RD. STE.401			Suite, Apt. #, etc.				
	CA RATON FL 33431		City			Zip Code	
	agent. I am familiar with, and accept the obligation URE (Registered Agent Accepting Appointment) SENERAL PARTNER THAT		.IMITED	PAR1	NERSHIP OR OTHE		
11.	Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	i Partner	11b.	City, State & Zip Code	11c. Registration/	
TO	WNE OAKS, INC.	3700 AIRPORT ROAD SU		BO	CA RATON FL 33431	M43129	
					100026 -10/08/ ****14	3 58941 5 /9301003021 1 25 ****141.25	
Nata					da		
	: General partners MAY NOT					 	
C th	do hereby certify that the information supplied with to orporations from any liability of non-compliance with is annual report is true and accurate and that my sig- mpowered to execute this report as required by chap	Section 119.07(3)(k) in the event that the inf mature shall have the same legal effects as it	ormation suppl f made under o	lied is deem eath. I furthe	ed exempt from public access, I further ir certify that I am a General Partner of t	certify that the Information indicated or the limited partnership, receiver or trust	
SIGN	IATURE -		[[re	rido.	+ DATE	9/29/98	

Martin F. Greenberg Devtime Telephone Number (5%1) 347 -8585