

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

**FILED**

96 DEC 10 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
**A30307**

**FT. PIERCE REAL ESTATE ASSOCIATES LIMITED PARTNE  
RSHIP**



2/12/12

Mailing Address

Principal Office Address

6207 BLAIR ROAD NW  
WASHINGTON DC 20011

6207 BLAIR ROAD NW  
WASHINGTON DC 20011

3. Date Formed or Registered

06/28/1990

5a. Capital Contributions as  
Shown on record.

**\$100,000.00**

3a. Date of Last Report

10/17/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

DC

2. Mailing Address

3600 PENNSY DR  
Suite, Apt. #, etc.

2a. Principal Office Address

3600 PENNSY DR  
Suite, Apt. #, etc.

City & State

Landover MD

City & State

Landover MD

Zip

Country

20785 USA

Zip

Country

20785 USA

6. FEI Number

52-1733658

☐ 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

WEINSTEIN, WILLIAM  
57 BRITTANY B  
DELRAY BEACH FL 33448

10. If changed, new Registered Agent/Office

Name

CT CORPORATE SYSTEM

Street Address (P.O. Box Number Is Not Acceptable)

1200 SOUTH PINE ISLAND RD

Suite, Apt. #, etc.

City

PLANTATION

FL

Zip Code

33324

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)

*A.D. Hamilton*, A.D. Hamilton, Spec. Asst. Secy DATE 12/16/96

**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)

W&M FLA LAND INVESTMENT GROU

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

6207 BLAIR ROAD, NW  
3600 PENNSY DRIVE

11b. City, State & Zip Code

WASHINGTON DC  
LANDOVER MD 20785

11c. Registration/  
Document Number

A30306

100002028061--5  
-12/12/96--01107--022  
\*\*\*\*\*576.25 \*\*\*\*\*576.25

**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

*Michael D. Minnig*  
Michael D. Minnig

DATE

12/14/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)