

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

FILED

97 JAN 16 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Northam  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
A31961

WUEST INVESTMENT COMPANY, LTD.

Mailing Address  
115 LAKESHORE DRIVE  
NORTH PALM BEACH FL 33408

Principal Office Address  
115 LAKESHORE DRIVE  
NORTH PALM BEACH FL 33408

3. Date Formed or Registered  
09/11/1991

5a. Capital Contributions as  
Shown on record.

\$100.00

3a. Date of Last Report  
12/13/1995

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

4. State or Country of Formation  
FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number  
65-0302001

☐ 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

WUEST, EMIL  
115 LAKESHORE DRIVE  
NORTH PALM BEACH FL 33408

10. If changed, new Registered Agent/Office

Name  
GERTRUDE WUEST  
Street Address (P.O. Box Number Is Not Acceptable)  
115 LAKESHORE DRIVE  
Suite, Apt. #, etc.  
City  
NORTH PALM BEACH FL Zip Code  
33408

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)

*Gertrude Wuest*

DATE 12/17 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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

WUEST, EMIL AS CO-TRSTEE

115 LAKESHORE DRIVE

NORTH PALM BEACH FL

WUEST, GERTRUDE AS CO-TR

115 LAKESHORE DRIVE

NORTH PALM BEACH FL

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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

*Gertrude Wuest*

DATE 12/17 96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number