

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 28 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A93000000055
WOODBURN HOLDING LIMITED PARTNERSHIP I <i>GR-AR CM</i>	

Mailing Address 450 E LAS OLAS #800 FT. LAUDERDALE FL		Principal Office Address 450 E LAS OLAS #900 FT. LAUDERDALE FL		3. Date Formed or Registered 01/15/1993	5a. Capital Contributions as Shown on record. \$3,392,349.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/06/1997	5b. Amount of Capital Contributions in FLORIDA to date. 3,439,987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL		6. FEI Number 65-0382826 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent HORVITZ, WILLIAM D 450 E LAS OLAS #900 FT. LAUDERDALE FL 33301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) _____

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) WOODBURN HOLDING CORP. I	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 450 E LAS OLAS #900	11b. City, State & Zip Code FT. LAUDERDALE, FL 33301	11c. Registration/Document Number 900002416269--6 -01/29/98--01083--005 ****874.71 ****822.21
			900002416269--6 -01/29/98--01083--005 ****874.71 ****822.21 541.25

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 _____

DATE _____

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR/E003 (6/97)