

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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 14 PM 1:47

1. Name of Limited Partnership	1a. DOCUMENT # <b>A93000000841</b>
WINTMART LIMITED PARTNERSHIP	



Mailing Address C/O DELTA EQUITIES 275 MADISON AVENUE, 30TH FLOOR NEW YORK NY 10016		Principal Office Address C/O DELTA EQUITIES 275 MADISON AVENUE, 30TH FLOOR NEW YORK NY 10016		3. Date Formed or Registered 08/16/1993	5a. Capital Contributions as Shown on record.  <b>\$1,500,000.00</b>
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/29/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date.
City & State		City & State		6. FEI Number 13-3720347	
Zip		Country		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				8. Make check payable to: Dept. of State (See reverse side for fee information)	<b>\$8.75 Additional Fee Required</b>

9. Name and Address of Current Registered Agent  SCHEU, WILLIAM 200 WEST FORSYTH STREET JACKSONVILLE FL 32202	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)  WINTMART REALTY CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 261 MADISON AVENUE, 2	11b. City, State & Zip Code NEW YORK NY 10016	11c. Registration/Document Number P93000011184
500002719785--1 -12/22/98--01093--006 ***526.25 ***526.25			

**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

*Elliot Forgas*

DATE

12/8/98

Typed or Printed Name of General Partner Signing Form

Elliot Forgas for Wintmart Realty Corp

Daytime Telephone Number

212 490 0050

CR2E003 (8/98)