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

1. Name of Limited Partnership

A9300001029

WEKIVA WOODS INVESTORS, LTD.

GA-APTUS

FILED 97 NOV 20 AM 9: 13 SLORETARY OF STATE TALLAHASSEE, FLORIDA



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Mailing Address 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801	Principal Office Address 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801		3. Date Formed or Registered 10/08/1993 3a. Date of Lest Report 01/21/1997 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$1,875,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		FL	\$1,875,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		59-3204796 7. Cerlificate of Status Desired	Not Applicable \$8.75 Additional Fee Required	
Zip Country	Zip	7 _{ip} Country		Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Informat	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
BOURNE, ROBERT A 400 E SOUTH ST #500 ORLANDO FL 32801		Street Address (Suite, Apt. #, etc	P.O. Box Number Is Not Acceptable)	FL Zip Code	
agent. I am familiar wills, and accept the obli BIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH	ffice or registered agent, or both, in the State of ligations of section 620.192, Florida Statutes.	of Florida. Such change w	partner(s). I ARTNERSHIP OR OTH	hereby accept the appointment of registers	
11, Name(s) of General Partner(s)	11a. Address of Eech G	eneral Partner	b. City, State & Zip Code	11c. Registration/ Document Number	
•	400 FACT COURTS OF	-DECT	ORLANDO FL 32801		
BOURNE, ROBERT A	400 EAST SOUTH ST 400 EAST SOUTH ST		ORLANDO FL 32801		
/			ORLANDO FL 32801	23572735 2579701089022 550.00 ****550.00	

this annual report is true and accurate and that my signature shall have the same logal effects as if made under eath. 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 629 forida Statutes.

Typed or Printed Name of Ganarel Partner Stoning Form

SIGNATURE

Robert A. Bourne

Daytime Telephone Number (407) 422-1574