

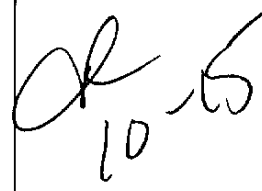


**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</b>  <b>97 OCT 14 AM 10:51</b>  	
<b>1. Name of Limited Partnership</b>  <b>WESTMOUNT FINANCIAL LIMITED PARTNERSHIP</b>		<b>1a. DOCUMENT #</b> <b>A93000001291</b>		
<b>Mailing Address</b>  4500 PGA BOULEVARD, SUITE 303-B PALM BEACH GARDENS FL 33418		<b>Principal Office Address</b>  4500 PGA BOULEVARD, SUITE 303-B PALM BEACH GARDENS FL 33418		<b>3. Date Formed or Registered</b>  12/03/1993
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>		<b>3a. Date of Last Report</b>  09/16/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. State or Country of Formation</b>  FL
City & State		City & State		<b>6. FEI Number</b>  65-0451885
Zip		Zip		<b>7. Certificate of Status Desired</b>  <input type="checkbox"/> \$8.75 Additional Fee Required
Country		Country		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>
<b>9. Name and Address of Current Registered Agent</b>  CIF, INC. 4500 PGA BLVD., SUITE 303-B PALM BEACH GARDENS FL 33418		<b>10. If changed, new Registered Agent/Office</b>  Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
<b>10a.</b> 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 _____				
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>				
<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/ Document Number</b>	
CIF, INC.	4500 PGA BLVD., SUITE	PALM BEACH GARDENS FL	S31531	
 <b>300002322563---1</b> <b>-10/16/97-01108-009</b> <b>***541.25 ***541.25</b>				
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>				
<b>12.</b> 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 <u>Mark W. Greenwood, D.P. CIF, Inc. General Partner</u> DATE <u>9/9/97</u>				
Typed or Printed Name of General Partner Signing Form <u>MARK W. GREENWOOD, D.P. CIF, Inc.</u> Daytime Telephone Number <u>561-624-9770</u>				

CR2E003 (8/97)