

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JAN 29 AM 8:24

1. Name of Limited Partnership:

1a. DOCUMENT #

A94000000164

Willow Wick Apartment Homes, Limited Partnership

Mailing Address:

Principal Office Address:

3. Date Formed or Registered

2/2/94

5a. Capital Contributions as  
Shown on record.

300,000

5.4.1.8.97

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date

\$300,000.00

2. Mailing Address

472 Osceola Ave.

2a. Principal Office Address

472 Osceola Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

Zip

32250

Country

Duval

Zip

32250

Country

Duval

4. State or Country of Formation

Florida

6. FEI Number

59-3227738

☐ 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)

200002012512-4  
-02/03/97--01035--001  
\*\*\*576.25 \*\*\*576.25

9. Name and Address of Current Registered Agent

Beckerleg, William H.  
Harbeson, Beckerleg & Fletcher  
637 Park St.  
Jacksonville, FL 32204

10. If changed, new Registered Agent/Office

Name  
Charles E. Hartman

Street Address (P.O. Box Number is Not Acceptable)

472 Osceola Ave.

Suite, Apt. #, etc.

City  
Jacksonville Beach

Zip Code  
FL 32250

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)

*Charles E. Hartman*

DATE 1/8/97

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)

Mason-Phillips  
Properties of Florida II

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

472 Osceola Ave.

11b. City, State & Zip Code

Jacksonville Beach,  
FL 32250

11c. Registration/  
Document Number

A94000010053

CR  
1-29

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

*Charles E. Hartman*

DATE 1/8/97

Typed or Printed Name of General Partner Signing Form

Charles E. Hartman

Daytime Telephone Number 904-270-1042

CR2E003 (6/96)