RTNERSHIP LTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STA Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
1. Name of Limited Partnership	1a. A9	1a. DOCUMENT # A9400000641			
WG1 SR 436/LACOSTA OR	·				
Mailing Address	Principal Off	Principal Office Address			
		00 E. Sybelia ave., #225 Aitland Fl 32751			
100 E. SYBELIA AVE #225 MAITLAND FL 32751					
	MAITLAND				
MAITLAND FL 32751	MAITLAND	FL 32751 pal Office Address			
MAITLAND FL 32751 2. Mailing Address	MAITLAND 2a. Princi	FL 32751 pal Office Address			
MAITLAND FL 32751 2. Mailing Address Suite, Apt. #, etc.	Za. Princi	FL 32751 pal Office Address			
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100 E SYBELIA AVE. #225 MATILAND FL 92751 100 E SYBELIA AVE. #225 MATILAND FL 92751 22. Mailing Address 23. Principal Office Address 24. State of Country of Portunation 50. Ancount of Capital Continuous in PLORIDA to state of Country of Portunation 6. Fill Number 6. Fill Number 6. Fill Number 6. Fill Number 7. Continues of State 2p	Mailing Address	Principal Office Address		3.	Date Formed or Registered	5a. Capital Contributions as Shown on record.		7	
2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. FET Number 5. 9-3243432 7. Confidence of Status Desired 2. For Foundable 7. Confidence of Status Desired 8. Mailer Exchange of Status Desired 9. Mailer Exchange of Status Desired 9. Mailer Exchange of Status Desired 10. If of the papers of Change of Status Status Desired 10. If of the papers of Change of Status Status Desired 10. If of the papers of Change of Status Status Desired 10. Mailer Exchange of Status S									
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Sp. 3243432 Apt. #, etc. Applied For Not. Applicable						Conti	dbutions in FLORIDA		
Suite, Apt. #, etc. City & State Signature of Country City & State City & State Signature of Country City & State City & Stat	2. Mailing Address	2a. Principal Office Address			1				
Country Zip	Suite, Apt. #, etc.	Suite, Apt. #, etc.			FEI Number		Applied For	7	
Zip Country Zip Country 8. Make check payable to: Dett. of State (See reverse side for fee information) 8. Make check payable to: Dett. of State (See reverse side for fee information) 9. Name 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Namber to Not Acceptable) Name Street Address (P.O. Box Namber to Not Acceptable) Sults, Apr. 6. etc. City FL Zip Code 10. Pursuant to the provisions of sections 620.1051 and 620.152, Pfords Statutes, the absence of for the purpose of changing is registered differ or registered agent, or both, in the State of Florids, Such change was authorized by its general partner(r.), I hereby score; the appointment of registered agent, or both, in the State of Florids, Such change was authorized by its general partner(r.), I hereby score; the appointment of registered agent, or both, in the State of Florids, Such change was authorized by its general partner(r.), I hereby score; the appointment of registered agent, or both, in the State of Florids, Such change was authorized by its general partner(r.). I hereby score; the appointment of registered agent, or both, in the State of Florids, Such change was authorized by its general partner(r.). I hard to the State of Florids, Statutes. SIGNATURE (Registered Agent Acceptable) 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) 11a. Address of Each General Partner(s) 11b. City, State 6. 2ip Code 11c. Registeratory WG1, INC. 100 E. SYBELIA AVE., MAITLAND FL 32751 P94000035253 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12c. I do beneby cently that the information supplied with this fling is voluntarily Amelihed and does not qualify for the exemption nated in Section 1107(3)(b), Florids Statutes. I release the Division of Corporations from any stability of non-compliance with Section 1107(3)(b) in the event that the inf	City & State	City & State				178		-	
Name Street Address (P.O. Box Number Is Not Acceptable)	Zip Country	Zip Country			Fee Required				
Name Street Address (P.O. Box Number Is Not Acceptable)									
HAGLE, MARC L 100 E. SYBELIA AVE., #225 MAITLAND FL 32751 Sulto, Apt. #, etc. City FL Zip Code 10a. Pursuant to the provisions of sections \$20,1051 and \$20,102. Plorida Statutes, the above-named limited partmenthic organized or registered under the taxes of the State of Plorida, submits this statement for the provisions of carbon special in registered agent, or both, in the State of Florida. Such change was authorized by its general partmer(s). I hereby accept the appointment of registered agent. I am familier with, and accept the obligations of section \$20,102. Plorida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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 Partmer(s) 11a. (Address of Each Consent Partmer WG1, INC. 100 E. SYBELIA AVE., MAITLAND FL 32751 P94000035253 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Ido hereby certify that the information appried with the filling is voluntarily furnished and does not qualify for the overprison public access. I furnished confidence in this register of the	9. Name and Address of Current Registered Agent							-	
MATLAND FL 32751 Sulfo, Apt. 8, etc.	,								
10a. Pursuant to the provisions of sections \$20.1051 and \$20.192. Florids Stabutes, the above-trained limited partnership organized or registered under the taws of the State of Florids, submits this statement for the perpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familier with, and accept the obligations of section \$20.192. Florids Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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) 11a. Address of Each General Partner WG1, INC. 10b E. SYBELIA AVE., MAITLAND FL 32751 P94000035253 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the event that the information supplied is december devemption state in Section 119.07(3)(8), Florids Statutes. I release the Division of Capture for the use of accurate the use of accurate the partner of the limited partnership, receiver or trustee empowered to execute this report of the united partnership, receiver or trustee empowered to execute this report of the united partnership, receiver or trustee empowered to execute this report of the United partnership, receiver or trustee empowered to execute this report of the United partnership, receiver or trustee empowered to execute this report of the United partnership, receiver or trustee empowered to execute this report of the United partnership, receiver or trustee empowered to execute this report of the United partnership, receiver or trustee empowered to execute this report of the United partnership, receiver or trustee empowered to execute this report of the United partnership.			Suite, Apt. #, etc					٦	
for the purpose of changing its registered diffice or registered agent, to 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) 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) 11a. Address of Each General Partner(s) 11b. City, State 8.2 ip Code 11c. Registration/ Document Number WG1, INC. 100 E. SYBELIA AVE., MAITLAND FL 32751 P94000035253 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 deamed exempt from public access. I further certify that the information indicated on this annual report is true and accural, 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 encryowered to execute this report of the initied partnership, receiver or trustee encryowered to execute this report of the initied partnership, receiver or trustee encryowered to execute this report of the initied partnership, receiver or trustee encryowered to execute this report of the initied partnership, receiver or trustee encryowered to execute the receive that the information indicated on the annual report is true and accurally 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 t			City		<u> </u>	FL	Zip Code	7	
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empowered to execute this report of chapter 620, Florida Statutes. SIGNATURE DATE 12/3/99	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							-	
Marie I. Harila	empowered to execute this report as required by chapte		<i>i</i>						
		Mana T. Harla							