




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

<b>LIMITED PARTNERSHIP, ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra Norham</b> Secretary of State DIVISION OF CORPORATIONS		FILED <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  96 NOV -1 AM 9:30  	
<b>1. Name of Limited Partnership</b>  <b>WESTBIRD CINEMA, LTD.</b>		<b>1a. DOCUMENT #</b> <b>A94000000723</b>			
<b>Mailing Address</b> 11401 S.W. 40TH STREET STE. 370 MIAMI FL 33165		<b>Principal Office Address</b> 11401 S.W. 40TH STREET STE. 370 MIAMI FL 33165		<b>3. Date Formed or Registered</b> 05/25/1994  <b>3a. Date of Last Report</b> 10/30/1995	
<b>2. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>2a. Principal Office Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>4. State or Country of Formation</b> FL  <b>6. FEI Number</b> 65-0500134  <b>7. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	
<b>5a. Capital Contributions as Shown on record.</b> <b>\$1,442,656.00</b>  <b>5b. Amount of Capital Contributions in FLORIDA to date.</b>					

<b>9. Name and Address of Current Registered Agent</b>  <b>DANIELS, NICHOLAS M ESQ.</b> <b>1111 LINCOLN ROAD MALL, SUITE 500</b> <b>MIAMI FL 33165</b>		<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. 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.</b>			
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.**

<b>11. Name(s) of General Partner(s)</b>  <b>W.B. PROPERTIES, INC.</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  <b>11401 S.W. 40TH STREE</b>	<b>11b. City, State &amp; Zip Code</b>  <b>MIAMI FL 33165</b>	<b>11c. Registration/Document Number</b>  <b>P94000039490</b>
600002001276--S -11/12/96--01003--009 *****576.25 *****576.25  			

**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 Robert Litowitz DATE 10/23/96  
 Typed or Printed Name of General Partner Signing Form ROBERT LITOWITZ, Pres Daytime Telephone Number (305) 552-5775