


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

FILED

95 OCT -7 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership WELLS WAREHOUSE ASSOCIATES, LTD.		1a. DOCUMENT # A95000000108	
Mailing Address 601 RIVERSIDE AVENUE BUILDING II, SUITE 650 JACKSONVILLE FL 32204		Principal Office Address 601 RIVERSIDE AVENUE BUILDING II, SUITE 650 JACKSONVILLE FL 32204	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 01/19/1995	
		3a. Date of Last Report 01/22/1996	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record \$32,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date	
		6. FEI Number 59-3295090	
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

97-AR
CM

9. Name and Address of Current Registered Agent SHAW, R. LAMAR JR. 601 RIVERSIDE AVENUE BUILDING II, SUITE 650 JACKSONVILLE FL 32204		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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) _____

DATE _____

**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) WELLS ROAD BUILDING INVESTOR	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 601 BUILDING II, SUITE 601 Riverside Ave. Building II, Suite 650	11b. City, State & Zip Code JACKSONVILLE FL 32204	11c. Registration/Document Number P94000060238
		800001974428--5 -10/15/96--01150--015 ****138.75 ****138.75	
		800001974428--5 -10/15/96--01150--016 ****224.00 ****224.00	

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 _____

DATE **9/17/96**

Typed or Printed Name of General Partner Signing Form

Marty Shaw/Ralph L. Shaw, Jr.

Telephone Number **358-6900**

CR2E003 (6/96)