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FEB 01 95(WED) 15:51 MACFARLANE USLE P 001

2/01/95 FLORIDA DIVISION OF CORPORATIONS 3:02 PM
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(((H95000001325))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: MACFARLANE AUSLEY FERGUSON & MCMULLE
111 MADISON ST
PO BOX 1531 SUITE 2300
TAMPA FL 33602- 9-0000-
CONTACT: ROSALYN D GIBBS
PHONE: (813) 273-4261
FAX: (813) 273-4396

(((H95000001325))) DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
NAME: WMT PARTNERS, LTD.
FAX AUDIT NUMBER: H95000001325
DATE REQUESTED: 02/01/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 4
ESTIMATED CHARGE: $1,846.25
CURRENT STATUS: REQUESTED
TIME REQUESTED: 15:02:47
CERTIFICATE OF STATUS: 1
METHOD OF DELIVERY: MAIL
ACCOUNT NUMBER: 076077001654

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(((H95000001325)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:

A95-173

mfc

TC
$265,000.00

FAX AUDIT NO.: H95-1325

CERTIFICATE OF LIMITED PARTNERSHIP OF WMT PARTNERS, LTD.

The undersigned hereby makes, acknowledges and files with the Secretary of State of the State of Florida this Certificate of Limited Partnership for purpose of forming a limited partnership for profit in accordance with the laws of the State of Florida.

1. Name of the Partnership. The name of the partnership shall be WMT Partners, Ltd. (the "Partnership").

2. Office and Agent. **KATHLEEN BACHTEL** shall be the agent for service of process and the address of the recordkeeping office, shall be 11028 N. Florida Avenue, Tampa, Florida 33612.

3. Name and Business Address of the General Partner. The name and business address of the General Partner is as follows:

Name	Address
Kathleen Bachtel	11028 N. Florida Avenue Tampa, Florida 33612

4. Mailing Address. The mailing address for the Partnership shall be c/o **KATHLEEN BACHTEL**, General Partner, 11028 N. Florida Avenue, Tampa, Florida 33612.

5. Term. The latest date upon which the Partnership is to dissolve shall be December 31, 2005.

IN WITNESS WHEREOF, **KATHLEEN BACHTEL**, as the sole General Partner, with full authority to execute all documents necessary for the formation of the Partnership, has

NAME: DAVID M. BOGGS
ADDRESS: 111 Madison Street
Tampa, Florida 33602
TELEPHONE NO.: 813-273-4200
FAX AUDIT NO.: H95- 1325
FLORIDA BAR NO.: 248207

FAX AUDIT NO.: H95- 1325

FAX AUDIT NO.: H95-1325

sworn to and execute this Certificate on this 18 day of January, 1995.

KATHLEEN BACHTEL, as sole General Partner

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing Certificate of Limited Partnership was sworn to and subscribed before me this 18 day of January, 1995 by KATHLEEN BACHTEL.

Personally Known ✓
or
Produced Identification ____

Type of Identification Produced:

Signature of Notary Public
State of Florida

DAWN M. HARDEN
MY COMMISSION # CC 383915
EXPIRES: May 24, 1998
Bonded Thru Notary Public Underwriters

Print, Type or Stamp
Commissioned Name of Notary Public

FAX AUDIT NO.: H95-1325

AFFIDAVIT OF CAPITAL

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

KNOW ALL PERSONS BY THESE PRESENTS, that the undersigned, **KATHLEEN BACHTEL**, sole General Partner, being sworn, deposes and says as follows:

1. The undersigned is the sole General Partner of WMT Partners, Ltd., a Florida limited partnership in the process of formation (the "Partnership").

2. The capital contribution of and the amount anticipated to be contributed by the limited partners of the Partnership is Two Hundred Sixty-Five Thousand Dollars ($265,000.00).

IN WITNESS WHEREOF, the undersigned as the sole General Partner, has hereunto sworn to and executed this Affidavit on the 18 day of January 1995.

Kathleen Bachtel
KATHLEEN BACHTEL, as Sole General Partner

The above Affidavit was sworn to and subscribed before me by **KATHLEEN BACHTEL**, as the sole General Partner of WMT Partners, Ltd. this 18 day of JANUARY, 1995.

Personally Known ✓
or
Produced Identification ____

Type of Identification Produced:

_____
_____
_____
_____

Signature of Notary Public
State of Florida

DAWN M. HARDEN
MY COMMISSION # CC 353515
EXPIRES: May 24, 1998
Bonded Thru Notary Public Underwriters

Print, Type or Stamp
Commissioned Name of Notary Public

FAX AUDIT NO.: H95-1325

FAX AUDIT NO.: H95-1325

ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

*The undersigned, **KATHLEEN BACHTEL**, having been designated as Registered Agent of WMT Partners, Ltd. in its agreement of Limited Partnership, hereby accepts such designation and agrees to comply with the provisions of Chapter 620, Florida Statutes.*

Kathleen Bachtel

KATHLEEN BACHTEL, a Registered Agent
11028 N. Florida Avenue
Tampa, Florida 33612

FAX AUDIT NO.: H95-1325

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1996

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

FILED
95 DEC -1 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. [illegible]

1a. DOCUMENT #
A95000000173

WMT PARTNERS, LTD.

Mailing Address
% KATHLEEN BACHTEL, GENERAL PARTNER
11020 N. FLORIDA AVENUE
TAMPA FL 33612

Principal Office Address
% KATHLEEN BACHTEL, GENERAL PARTNER
11020 N. FLORIDA AVENUE
TAMPA FL 33612

2. New Mailing Address, If Applicable
400000 1857550
-12/08/95--01028--016
****488.75 ****488.75
Suite, Apt. #, etc.
City, State & Zip

2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

If above addresses are incorrect in any way, [illegible] the correct information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
02/01/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$265,000.00	50,000.00	59-3294597	Applied For / Not Applicable — $8.75 Additional Fee required for a Certificate of Status

8. FEES: 1) Filing Fee. Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2) Supplemental Fee. $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

BACHTEL, KATHLEEN
11028 N. FLORIDA AVENUE
TAMPA FL 33612

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

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) [signature] DATE 12/4/95

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registratory Document Number
BACHTEL, KATHLEEN	11028 N. FLORIDA AVE.	TAMPA FL 33612	

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 [illegible] Florida Statutes [illegible] that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 Kathleen Bachtel DATE 11/27/95

Typed or Printed Name of General Partner Signing Form: Kathleen Bachtel

Telephone Number: 813 933 7613

CR2E003 (6/95)

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