## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## FILED

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1. Name of Limited Partnership	1a. DOCUMENT # A9500001373			SECRETARY OF STATE TALLAHASSEE. FLORIDA				
W/B PRESIDENTIAL, LTD.								
Mailing Address	Principal Office Address	Principal Office Address			5a. Capita	l Contributions as	$\neg$	
2665 SOUTH BAYSHORE DRIVE. SUITE 1002 MIAMI FL 33133	2665 SOUTH BAYSHORE DRIVE. SUITE 1002 MIAMI FL 33133			09/14/1995 3a. Date of Last Report 01/08/1998	\$990.00  5b. Amount of Capital Contributions in FLORIDA to date:  Applied For Not Applicable			
2. Mailing Address	2a. Principal Office Address			4. State or Courtry of Formation				
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State							
Zip Country	Zip	Zip Country			7. Certificate of Status Desired \$8.75 Additional Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee Information)			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office					
COBER CORPORATE AGENTS, INC. 2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR MIAMI FL 33133			Name   Street Address (P.O. Box Number is Not Acceptable)					
10a. Pursuant to the provisions of sections 620.1051 an for the purpose of changing its registered office or agent. I am famillar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT	registered agent, or both, in the State of Flor s of section 620.192, Florida Statutes.	rida. Such chan	ge was auth	orized by its general partner(s). I hereby  DATE_  TNERSHIP OR OTHE	accept the ap	pointment of registered		
11. Name(s) of General Partner(s)	Address of Each Gener	Address of Each Consmit Partner		11b. City, State & Zip Code		Registration/ Document Number		
W/B PRESIDENTIAL CORP.	-	2665 SOUTH BAYSHORE D		MIAMI FL 33133		P95000071029		
Note: General partners MAY NOT	be changed on this form	n; an am	endme	nt must be filed to cha	nge a ge	eneral partner	.	
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign emphywered to execute this report as required by chapter of the Corporation of the Co	Section 119.07(3)(k) in the event that the in mature shall have the same legal diffects as oter 620, Florida Statutes	nformation supp	lied is deem	ed exempt from public access. I further	certify that the	information indicated or		
Typed or Printed Name of General Partner Signing Form							_	