

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

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 DEC 17 AM 10:14 <i>unth</i> 12/23	
1. Name of Limited Partnership WEDGEWOOD PARTNERS, LTD.		1a. DOCUMENT # A95000001862			
Mailing Address C/O MARTIN GENAUER, ESQ./KARP & GENAUER PA TWO ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES FL 33134		Principal Office Address C/O MARTIN GENAUER, ESQ./KARP & GENAUER PA TWO ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES FL 33134		3. Date Formed or Registered 12/04/1995	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/03/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		5a. Capital Contributions as Shown on record. \$9,900.00	
Zip Country		Zip Country		5b. Amount of Capital Contributions in FLORIDA to date. \$9,900.00	
				6. FEI Number APPLIED FOR 65-0645070 ☐ Applied For ☐ Not Applicable	
				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 ALHAMBRA REGISTERED AGENTS, INC. TWO ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES FL 33134				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) _____ 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)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
11c. Registration/Document Number					
LEWINVEST, INC.		C/O TWO ALHAMBRA PLAZ		CORAL GABLES FL 33134	
P94000014855					
000002039460--7 -12/27/96--01063--014 ****208.50 ****208.05					
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 <i>Martin Genauer, V.P.</i> DATE 9/26/96					
Typed or Printed Name of General Partner Signing Form Martin Genauer, Vice President Daytime Telephone Number (305) 445-3545					
of Lewinvest, Inc.					

CR2E003 (6/96)