

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

FILED
98 JAN 21 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | |
|---|--|--|--|
| 1. Name of Limited Partnership WEA PARTNERS, LTD. | | 1a. DOCUMENT # A96000000317 <i>98-AR CM</i> | |
| 2. Mailing Address 1800 GLADES ROAD, SUITE 400 BOCA RATON FL 33431 | | 2a. Principal Office Address 1800 GLADES ROAD, SUITE 400 BOCA RATON FL 33431 | |
| 3. Date Formed or Registered 02/15/1996 | | 5a. Capital Contributions as Shown on record. \$100.00 | |
| 3a. Date of Last Report 01/03/1997 | | 5b. Amount of Capital Contributions in FLORIDA to date: \$599,667.00 | |
| 4. State or Country of Formation FL | | 6. FEI Number 65-0669432 APPLIED FOR <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 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) | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent GREENFIELD, WILLIAM 1800 GLADES ROAD, SUITE 400 BOCA RATON FL 33431 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 2300 GLADES ROAD Suite, Apt. #, etc. SUITE 100E City BOCA RATON Zip Code FL 33431 | |
|---|--|---|--|

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) WEA EQUITY CORP | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1800 GLADES ROAD, SUITE 400 2300 GLADES ROAD SUITE 100E | 11b. City, State & Zip Code BOCA RATON FL 33431 | 11c. Registration/Document Number P96000014379 |
|---|---|---|--|

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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 _____

Typed or Printed Name of General Partner Signing Form _____

William R Greenfield
William R Greenfield

DATE

12/31/97

Daytime Telephone Number

(561) 392-6662

CR2E003 (6/97)