

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

FILED

97 JAN -3 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2843

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A96000000726
GWD WEST PALM III, LTD.	



Mailing Address 9055 IBIS BOULEVARD WEST PALM BEACH FL 33412	Principal Office Address 701 BRICKELL AVE., S. 3000 MIAMI FL 33131	3. Date Formed or Registered 04/15/1996	5a. Capital Contributions as Shown on record \$1,000.00
2. Mailing Address 9055 Ibis Boulevard	2a. Principal Office Address	3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: \$1,000.00
Suite, Apt. #, etc. c/o Controller	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State West Palm Beach, FL	City & State	6. FEI Number <input checked="" type="checkbox"/> Applied For Copy of application attached (Applicable)	
Zip 33412 Country	Zip Country	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 INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., S. 3000 MIAMI FL 33131

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Numbers Not Applicable) 000002059060--0
Suite, Apt. #, etc. 0145/97-01057-024
City FL Zip Code ***191.25 ***191.25

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
GWD WEST PALM III, INC.	9055 IBIS BOULEVARD	WEST PALM BEACH FL 33	P96000032706

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 **December 19, 1996**
 Typed or Printed Name of General Partner Signing Form **Thomas H. Dillon** Daytime Telephone Number **908/781-5800**

CR2E003 (6/96)