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

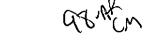
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A9600001302**

WENSOUTH ORLANDO, LTD.



FILED
97 DEC -3 PM 1: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Malling Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
5401 KIRKMAN ROAD. SUITE 725	5401 KIRKMAN ROAD, SUITE 725	KIRKMAN ROAD. SUITE 725		\$1,000.00	
ORLANDO FL 32819	ORLANDO FL 32819		3a. Date of Last Report 11/20/1996		
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		FL		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3403166	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired		
Zip Country	Zip Country			\$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 Re	egistered Agent	<u> </u>	10. If changed, new Registered	d Agent/Office	
KHATIB, RASHID A		Name			
5401 KIRKMAN ROAD, SUITE 725		Street Address (P.O. Box Number Is Not Acceptable)			
ORLANDO FL 32819		Suite, Apt. #, etc. 410101023671841-12/09/9701084012			
		City ****156.2 至 * **** *****************************			
SIGNATURE (Registered Agent Accepting Appointment). 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 Gonoral Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	al Partner 11b.	City, State & Zip Code	11c. Registration/ Document Number	
WENVEST, INC.	5401 KIRKMAN ROAD, SU be changed on this form; an amen		LANDO FL 32819	P96000057796 (26/9) E003280	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. (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 earth. 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 20, Florida Statutes.					