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
97 FEB -3 AM 8:17

1. Name of Limited Partnership: THE VILLAS PARTNERSHIP, LTD.

1a. DOCUMENT # A96000002177

Mailing Address	Principal Office Address
2785 SE ST. LUCIE BLVD. STUART FL 34997	2785 SE ST. LUCIE BLVD. STUART FL 34997

3. Date Formed or Registered: 11-22-96

3a. Date of Last Report: N/A

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record.: $998,500.00

5b. Amount of Capital Contributions in FLORIDA to date: $998,500.00

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

6. FEI Number: 65-0710209 ☐ 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	10. If changed, new Registered Agent/Office
WTS, Inc. 2785 SE ST. LUCIE BLVD. STUART FL 34997	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 620.994, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): Charles L Wolff Jr. VP. WTS DATE 11/26/97

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	11b. City, State & Zip Code	11c. Registration/Document Number
WTS, Inc.	2785 SE ST. LUCIE BLV	STUART FL 34997	S 08258

new fee
ok
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*****41.25 *****41.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I (We) hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I understand that Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that this information supplied is 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: Charles L Wolff Jr. VP. WTS DATE 12/23/96

Typed or Printed Name of General Partner Signing Form: Charles L. Wolff, Jr. Daytime Telephone Number: 561-286-5395

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