
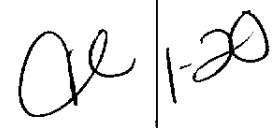


TO REVOCATION AND \$500 PENALTY FEE

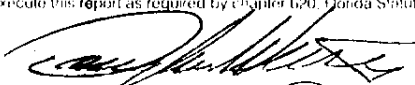
LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JAN 20 AM 10:11	
1. Name of Limited Partnership W/L Grand Club, Ltd.		1a. DOCUMENT # A97000000162			
Mailing Address 3250 Mary Street Miami, Florida 33133		Principal Office Address 3250 Mary Street Miami, Florida 33133		3. Date Formed or Registered January 17, 1997	
				5a. Capital Contributions as Shown on record \$100.00	
				3a. Date of Last Report	
				5b. Amount of Capital Contributions in FLORIDA to date: \$100.00	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 65-0741299	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 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 Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301-2525		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) W/L Key Corp. II	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3250 Mary Street, Fifth Floor	11b. City, State & Zip Code Miami, Florida 33133	11c. Registration/Document Number P97000005379 000002404140--2 

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


 Douglas Weber

DATE

1/14/98

Type or Printed Name of General Partner Signing Form

Daytime Telephone Number

305 445 2493