


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		1a. DOCUMENT # A97000000856			

WILTON PARTNERS NEW PORT RICHEY, LTD.

Mailing Address 11022 SANTA MONICA BLVD., SUITE 450 LOS ANGELES CA 90025		Principal Office Address 11022 SANTA MONICA BLVD., SUITE 450 LOS ANGELES CA 90025		3. Date Formed or Registered 04/17/1997		5a. Capital Contributions as Shown on record. \$1,000.00	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
				4. State or Country of Formation FL		6. FEI Number 95-4637788	
				7. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)							

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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9. Name and Address of Current Registered Agent BOOS, ROBERT B JR. 2451 MCMULLEN-BOOTH ROAD, SUITE 263 CLEARWATER FL 34619		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City Zip Code	
		800002385326-4 -12/30/97-01022-006 *****165.00 *****165.00 FL	

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) WILTON, JAY H Wilton New Port G.P. Corp. NOTE: Certificate of Amendment filed 9-12-97 changing General Partner (see attached)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11022 Santa Monica Bl. Suite 450		11b. City, State & Zip Code Los Angeles, CA 90025		11c. Registration/Document Number F97000004527	
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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

DATE November 13, 1997

Typed or Printed Name of General Partner Signing Form

Jay H. Wilton, President
of General Partner

Daytime Telephone Number (310) 444-6377

CR2E003 (6/97)