

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <p>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>		<p><b>FILED</b> SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 DEC 23 AM 11:01</p> <p style="text-align: right;"><i>mtm</i> 1/11</p>	
<b>1. Name of Limited Partnership</b>  WEST CITY PEACHTREE, LTD.		<b>1a. DOCUMENT #</b> <b>A97000001788</b>			
<b>Mailing Address</b> C/O CAREY KRAMER COMPANY - SOUTH FLORIDA 3265 MERIDIAN PARKWAY, SUITE 100 FT. LAUDERDALE FL 33331		<b>Principal Office Address</b> C/O CAREY KRAMER COMPANY 3265 MERIDIAN PKWY., #100 FT. LAUDERDALE FL 33331		<b>3. Date Formed or Registered</b> 08/20/1997 <b>3a. Date of Last Report</b> 12/22/1997 <b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b> 1840 N. Commerce Hwy Suite, Apt. #, etc. Suite 3 City & State Weston, FL Zip 33326		<b>2a. Principal Office Address</b> SAME AS MAILING ADDRESS Suite, Apt. #, etc. City & State Zip Country		<b>5a. Capital Contributions as Shown on record.</b> \$683,100.00 <b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$8.75 Additional Fee Required	
<b>6. FEI Number</b> 65-0774907		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			
<b>9. Name and Address of Current Registered Agent</b> HOUK, JANE A C/O WHITE & CASE 200 S. BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131			<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
<b>10a.</b> 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 _____					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
<b>11. Name(s) of General Partner(s)</b> WEST CITY PEACHTREE, INC.		<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 3265 MERIDIAN PARKWAY		<b>11b. City, State &amp; Zip Code</b> FT. LAUDERDALE FL 333	
<b>11c. Registration/Document Number</b> P97000068879		300002740893--4 -01/14/99--01014--013 ***526.25 ***526.25			
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
<b>12.</b> 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 <i>Albert G. Rex</i> DATE 12/22/98 Typed or Printed Name of General Partner Signing Form <i>Albert G. Rex, President</i> Daytime Telephone Number 954-389-7822					

CR2E003 (8/98)