

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 APR 16 PM 3:21

<b>1. Name of Limited Partnership</b>  <b>WEBSTER REAL ESTATE LIMITED PARTNERSHIP</b>	<b>1a. DOCUMENT #</b> <b>A97000002792</b>
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<b>Mailing Address</b> ATTN: ALFRED R. CAMNER 550 BILTMORE WAY, SUITE 700 CORAL GABLES FL 33134	<b>Principal Office Address</b> 550 BILTMORE WAY, SUITE 700 CORAL GABLES FL 33134	<b>3. Date Formed or Registered</b> 12/22/1997	<b>5a. Capital Contributions as Shown on record</b> \$250,000.00
		<b>3a. Date of Last Report</b> 12/31/1997	<b>5b. Amount of Capital Contributions in FLORIDA to date</b>
		<b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>6. FEI Number</b> 65-0804466 <input checked="" type="checkbox"/> Applied For APPLIED FOR <input 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> NEDBOR, NIKKI J 550 BILTMORE WAY, SUITE 700 CORAL GABLES FL 33134	<b>10. If changed, new Registered Agent/Office</b> Name: POLLER, NEALE J. Street Address (P.O. Box Number Is Not Acceptable): 550 BILTMORE WAY Suite, Apt. #, etc.: SUITE 700 City: CORAL GABLES FL Zip Code: 33134
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**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 3/26/99

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> CAMNER FAMILY CORPORATION	<b>11a. Address of Each General Partner (Do Not Use Post Office Box Numbers)</b> 550 BILTMORE WAY, SUI	<b>11b. City, State &amp; Zip Code</b> CORAL GABLES FL 33134	<b>11c. Registration/Document Number</b> P97000100202
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 -04/23/93-04/92-005  
 \*\*\*\*526.25 \*\*\*\*526.25

**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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)