

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB -4 PM 2:00

1. Name of Limited Partnership W.A., Ltd.		1a. DOCUMENT # A97000002851	
Mailing Address C/O MacLean and Ema 2600 NE 14th St. Cswy. Pompano Beach, FL 33062		Principal Office Address same	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered December 24, 1997		5a. Capital Contributions as Shown on record 1,100,000	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date: 1,100,000	
4. State or Country of Formation Florida		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 Laura G. MacLean, Esquire C/O MacLean and Ema 2600 NE 14th St. Cswy. Pompano Beach, FL 33062		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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

**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) Karen Artzt Paulette Howard	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 900 Redbud Trail 6274 NW 23rd Way	11b. City, State & Zip Code Austin, TX 78746-3536 Boca Raton, FL 33496	11c. Registration/Document Number 8000002424348--9 -02/03/98--01002--013 ****541.25 ****541.25
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437.50 103.75 dec

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

Paulette Howard

DATE

1/26/98

Typed or Printed Name of General Partner Signing Form **Paulette Howard**

Daytime Telephone Number **(954) 785-1900**

CR2E003 (6/97)