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

LIMITED PARTNERSHIP FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1999 1/13 DIVISION OF CORPORATIONS **DOCUMENT#** 1. Name of Limited Partnership A98000000060 WGRN ASSOCIATES, LTD.

1377 FEATHER SOUND DRIVE. SUITE 300 CLEARWATER FL 33762 2. Making Address 3. Date of Last Report 4. State or Country of Formation 1. Curtificate of States Desired 2. North Applicable 1. Curtify 3. Making Address 2. Making Address 2. Making Address 2. Making Address 3. Date of Last Report 3. State 3. Date of Last Report 4. State or Country 2. Date of Country 2. Date of Country 3. Making Address of Current Registered Agent 4. State or Country 3. Making Address of Current Registered Agent 4. State or Country 3. Making Address of Current Registered Agent 4. State or Country 4. State or Country 3. Making Address of Current Registered Agent 4. State or Country 5. Address of Registered Agent (URS) 8. Making Address of Current Registered Agent 10. If changed, now Registered Agent (URS) 9. Making and Address of Current Registered Agent 10. If changed, now Registered Agent (URS) 9. Making and Address of Current Registered Agent 10. If changed, now Registered Agent (URS) 9. Making and Address of Current Registered Agent 10. If changed or Registered Agent (URS) 9. Making and Address of Current Registered Agent (URS) 9. Making and Address of Current Registered Agent (URS) 9. Making and Address of Current Registered Agent (URS) 9. Making and Address of Registered Agent (URS) 9. Making and Address of Current Registered Agent (URS) 9. Making and Address of Regi	Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.		
2. Mailing Address 2. Principal Office Address 2. Mailing Address 2. State 2. State 2. State 3. State 3. On Fill Number 4. State or Country of Formston FL 3. Make or State Desired 4. State or Country of Formston FL 3. Make or State Desired 3. Applied For Other Application 7. Curtificate of State Desired 3. Make or desire Desired 3. Make or State Desired 3. Mak							
2. Mailing Address 2. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Application FL Country 2 De Country 2 De Country 2 De Country 2 De Country 3 De Country 2 De Country 2 De Country 3 De Country 2 De Country 3 De Country 3 De Country 4 De Country 2 De Country 2 De Country 3 De Country 3 De Country 4 De Country 5 De Country 6 De Country 6 De Country 7 De Country 8 De Country							
Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Name Size of State (See reverse side for for information) Name Size of Audiess (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Coole City And First Heart He listened of Florids, futhinish this statements for the State State Coole of Heart He listened of Florids, futhinish this statements for the State State Coole of Heart	2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to da	te:	
Applicable City & State City & City & State City & City & State City &		<u> </u>		FL			
Zip Country Zip				6. FEI Number	Applied For		
Zip Country Zip Country Zip Country B. Make check payable 50: Dapt. of State (See reverse side for fee Information) 9, Name and Address of Current Registered Agent 10, If changed, new Registered Agent/Office Name Name 13577 FEATHER SOUND DRIVE, SUITE 300 CLEARWAYER FL 33762 City FL Zip Code C	City & State	City & State		7. Certificate of Status Desired			
9, Name and Address of Current Registered Agent 10, If changed, new Registered Agent/Office Name	Zip Country	Zip Country			tate (See revi	Fee Required	
FORLIZZO, ROBERT A 13577 FEATHER SOUND DRIVE, SUITE 300 CLEARWATER FL 33762 Suite, Apt. #, etc. City FL Zip Code To the purpose of clanging is registered office or registered agent, or both, in the State of Portica, Such miss and partnership organized or registered under the lowes of the State of Plorida, submits this statement for the purpose of clanging is registered office or registered agent, or both, in the State of Plorida, Such change was authorized by its general partner(a). I hereby accept the appointment of registered agent, and accept the obligation of deciden 520.152, Plorida Statutas, the above-named limited partnership organized or registered under the lowes of the State of Plorida, submits this statement for the purpose of changing Appointment of registered agent, or both, in the State of Plorida, Such change was authorized by its general partner(a). I hereby accept the appointment of registered agent, accepting Appointment of registered agent. Accepting Appointment of Registered Annual Accepting Appointment of Register							
FORLIZZO, ROBERT A 13577 FEATHER SOUND DRIVE, SUITE 300 CLEARWATER FL 33762 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code The State of Forda, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, and accept the edipations of section 820.192, Floridas Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. Registration/ Document Number WGRN, INC. 13577 FEATHER SOUND D CLEARWATER FL 33762 P98000001259 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-supplet is descapt from public accept the state in Section 11s. Original, Partner in State in Section 11s. Original Statutes, I release the Original State of the State of Portices and public state of the State of	9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office				
10a. Pursuant to the provisions of sections 620,1021 and 620,102. Florida Statutes, the above-named first he purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). Hereby accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). Hereby accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). Hereby accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). Hereby accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). Hereby accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). Hereby accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). Hereby accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). Hereby accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). Hereby accept the Change agent and the such change agent and such accepts the Change agent and the such accepts the Change agent and such as a such accepts the Change agent and such as a such accepts the Change agent and accepts and accepts the Change agent and accepts and accepts a	FORUTZO PODEDE A		Name				
CLEARWATER FL 33762 Sulfe, 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 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, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of 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) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. Registration/ occurrent Namber 90000001259 WGRN, INC. 13577 FEATHER SOUND D CLEARWATER FL 33762 P98000001259 WORN, INC. 13577 FEATHER SOUND D CLEARWATER FL 33762 P98000001259 Note: General partners MAY NOT be changed on this form; an amendment must be filled 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 deemed exampt from public access. further certify that the information care in the sum of the	Street Addre		Street Address (ss (P.O. Box Number is Not Acceptable)			
10a. Pursuant to the provisions of sections 620.1051 and 620.1052. 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) 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) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City, State & 2ip Code 11c. Registration/ Document Number WGRN, INC. 13577 FEATHER SOUND D CLEARWATER FL 33762 P98000001259 West at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Suite, Apt. #, etc		ç.			
for the purpose of changing its 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) 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) 11a. Address of Each General Partner (no NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/ Document Number WGRN, INC. 13577 FEATHER SOUND D CLEARWATER FL 33762 P98000001259 P98000001259 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)(c), Florida Statutes. I release the Division of Corporations from any liability of note compliance with Social n 119.07(3)(c), in the eight that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and acceptate and the register produced by control \$200, Figure 5 Statutes. 12. I do hereby certify that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and acceptate and the register produced by control \$200, Figure 5 Statutes.		City			FL Zip Code		
11. Name(s) of General Partner(s) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) WGRN, INC. 13577 FEATHER SOUND D CLEARWATER FL 33762 P98000001259 P98000001259 P98000001259 P98000001259 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. Ido 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 Itability of not compliance with Section 119.07(3)(K) in the eight that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accepted and that my signature is ten and accepted and statutes and secure that report is true and accepted and that my signature is ten and accepted and statutes are secured to execute the report of required by coverted 200. Figure 3 Statutes.	agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY						
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 not-compliance with Section 119.07(3)(k) in the exhibit that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accusate and that my signature sent may be a sent eggal 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 reports.		Address of Each General	Partner 4.		11c.		
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 nor-compliance with Section 119.07(3)(k) in the exhibit that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accupate and that my signature sent may be goal 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 reports.	WGRN, INC.	13577 FEATHER SOUND D		LEARWATER FL 33762 P98000001259		3000001259 8	
12. I do hereby certify that the information supplied with this filling 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 exemption 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 shell have become 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 a required by charter 620. Florida Statutes.				-01/14/9301071005 /			
12. I do hereby certify that the information supplied with this filling 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 exent 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 be come 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 3 required by chapter 620. Florida Statutes.							
12. I do hereby certify that the information supplied with this filling 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 exent 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 be come 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 3 required by chapter 620. Florida Statutes.	Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
SIGNATURE DATE 10-26-98 Typed or Printed Name of General Partner Signing form HIGH GENEGE K KIDMAN Daytime Telephone Number 127-726-1115	Corporations from any liability of non-compliance with Section 119.07(3)(k) in the exhit that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accusate and that my signature shall have the come 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 is required by charter 620. Florida Statutes.						
Typed or Printed Name of General Partner Signing form #### /SEDRGE K KIDMAN Daytime Telephone Number 127-726-1115	SIGNATURE MARK	1) Hon		DATE_	0 - Z	.6-98	