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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -7 AM 10: 55

1. Name of Limited Partnership		A9800000382			
WRH ORLANDO, LTD.					
Mailing Address 100 SECOND AVE., SOUTH, SUITE 904 ST. PETERSBURG FL 33701	Principal Office Address 100 SECOND AVE SOUTH. SU ST. PETERSBURG FL 33701	TE 904	3. Date Formed or Registered 02/10/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$292,500.00	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		Applied For Not Applicable	
City & State Zip Country	Zip			\$8.75 Additional Fee Required State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
GERMAIN, BONNIE 100 SECOND AVE., SOUTH, SUITE 904 ST. PETERSBURG FL 33701		Name Street Address (P.O. Box Number 14N4A44pt 1401 12			
for the purpose of changing its registered of agent. I am familiar with, and accept the of SIGNATURE (Registered Agent Accepting Appointm	1051 and 620.192, Florida Statutes, the above-nar office or registered agent, or both, in the State of Flobilgations of section 620.192, Florida Statutes. THAT IS A CORPORATION,	orida. Such change v	was authorized by its general partner(s). I here	oy accept the appointment of registered	
A GENERAL PARTNER I	MUST BE REGISTERED A	ND ACTIVE	E WITH THIS OFFICE.	Societation/	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
WRH PROPERTIES, INC.	100 SECOND AVE., SO	UT	ST. PETERSBURG FL 337	P93000036337	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 1 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 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 cath. 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

Typed or Printed Name of General Partner Signing Form