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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILEU SCORETARY OF STATE DIVISION OF CORPORATIONS

98 DEC - 7 AM IO: 02

Daytime Telephone Number 561-471-7767

			J	.し‴ / A1	110 07	
1. Name of Limited Partnership	1a. DOCUMENT # A98000001540			,		
Wilber Tribe, Ltd.						
Mailing Address	Principal Office Address		3. Date Formed or Registered 5a. Capital Contributions as Shown on record.		Contributions as on record.	
			6/24/98	147,	510.00	
			3a. Date of Last Report			
				5b. Amoun Contrib to date	of Capital utions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation			
c/o Cherry & Spencer, P.	· · · · · · · · · · · · · · · · · · ·		USA		510.00	
Suite, Apt. #, etc. 1665 Palm Beach Lakes #6			6. FEI Number		Applied For Not Applicable	
City & State West Palm Beach, FL	City & State		7. Certificate of Status Desired		\$8.75 Additional	
Zip Country 33401 USA	Zip	Country	8. Make check payable to: Dept. of	State (See rever	Fee Required se side for fee information)	
J3401 B3A						
9. Name and Address of Current Registered Agent Name			10. If changed, new Registered Agent/Office			
Richard G. Cherry, Esq.		Street Address (P.O. Box Number Is Not Acceptable)				
1665 Palm Beach Lakes Blvd. Suite 600		Suite, Apt. #, etc.	ol. #, elc.			
West Palm Beach, FL 33401		City Zip Code				
10a. Pursuant to the provisions of sections 620,1051 and for the purpose of changing its registered office or agent. I am familiar with, and accept the obligations	registered agent, or both, in the State of Flori	l limited partnership org da, Such change was a	anized or registered under the laws of II uthorized by its general partner(s). I her	he State of Florid eby accept the a	a, submits this statement ppointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)			DATE			
A GENERAL PARTNER THAT MUS	T BE REGISTERED AND	ACTIVE WI	TNERSHIP OR OTHE TH THIS OFFICE.	R BUSIN		
11. Name(s) of General Partner(s)	Address of Each General 11a. (Do NOT Use Post Office Box	Numbers) I ID.	City, State & Zip Code	_ 11c.	Registration/ Document Number	
Wilber Tribe, Inc.	1665 Palm Beach Lakes Suite 600		West Palm Beach, FL 33401		96926 96926	
			000002 -12/1: ****	: 7 1 0 8 178801 328, 25	3208 105-014 ****526.25	
<i>i</i> ,						
Note: General partners MAY NOT	be changed on this form	; an amendm	ent must be filed to ch	ange a ge	neral partner.	
12. I do heraby certify that the information supplied with the company tip of the company	his filling is voluntarily furnished and does not	qualify for the exemption	on stated in Section 119,07(3)(k), Florida	Statutes. I relea	se the Division of Information Indicated on	
this annual report is true and accurate and that my sign empowered to execute this report as required by cha	gnature shall have the same legal effects as in pter 620, Florida Statutes.	t made under oath, I fur	iner certily that : am a General Parther C	in the limited part	nership, receiver or trustee	

Richard G. Cherry, VP of GP