

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -8 PM 12:07



1. Name of Limited Partnership

1a. DOCUMENT #
B94000000147

SKW REAL ESTATE LIMITED PARTNERSHIP

Mailing Address
**1650 TYSONS BLVD.
SUITE 1600
MCLEAN VA 22102**

Principal Office Address
**1650 TYSONS BLVD.
SUITE 1600
MCLEAN VA 22102**

3. Date Formed or Registered
04/18/1994

5a. Capital Contributions as
Shown on record.
\$8,600,000.00

3a. Date of Last Report
12/26/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$5,700,000.00

4. State or Country of Formation
DE

6. FEI Number
54-1670344

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address c/o Legal Dept.
600 East Las Colinas Blvd.

2a. Principal Office Address c/o Real Estate
Dept.
85 Broad Street

Suite, Apt. #, etc.
Suite 1900

Suite, Apt. #, etc.
Nineteenth Floor

City & State
Irving, Texas

City & State
New York, New York

Zip
75039 Country

Zip
10004 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

000002061000-4
-01/16/97--01110--022
*****576.25 FL ***576.25**

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)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

~~SKW SERVICES, INC.~~

~~1650 TYSONS BLVD., SU~~

~~MCLEAN VA 22102~~

~~F94000001995~~

WSK GEN-PAR, INC.

85 BROAD STREET 19TH

NEW YORK NY 22314

F94000001997

*PLEASE NOTE: AMENDMENT FILED ON 11/27/96

OR
1-15

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 *Milton R. Millman*

DATE **12/20/96**

Typed or Printed Name of General Partner Signing Form **Milton R. Millman** Asst VP of Gen Ptnr Daytime Telephone Number **972-831-2865**

CR2E003 (6/96)