FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **B94000000465**

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SECRETARY OF STATE TALLAHASSEE FLORIDA



WYE PARTNERS, LTD.			[((()))]	 	
Malling Address P.O. BOX 680176 PRATTVILLE AL 36068	Principal Office Address 250 WASHINGTON STREET PRATTVILLE AL 36067		3. Date Formed or Registered 11/17/1994 3a. Date of Lest Report 05/05/1997	5a. Capital Contributions as Shown on record. \$1,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.		4. State or Country of Formation AL 6. FEI Number	(o date:	
City & State	City & State		65-1131668 7. Certificate of Status Desired	Applied For Not Applicable	
Zip Country	Zip	Zip Country		Certificate of Status Desired \$8.75 Additional Fee Required Nake check payable to: Dept. of State (See reverse side for fee Information)	
9. Name and Address of Cu	rrent Registered Agent		10. If changed, new Registr	ered Agent/Office	
HUGHES, J. ROBERT ESQ. 220 MCKENZIE AVENUE PANAMA CITY FL 32401		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.			
agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER THA	ce or registered agent, or both, in the State of Flo alions of section 620,192 Florida Statutes.	rida. Such chan	pge was authorized by its general partner(s). I I	nereby accept the appointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo		11b. City, State & Zip Code	11c. Registration/	
CORPORATE GENERAL, INC.	250 WASHINGTON STREET		PRATTVILLE AL 36067	F9200000595	
			90 000 ; -09/2 ****	23046090 2678701064004 x156.25 ****156.25	
Note: General partners MAY N	OT be changed on this form	n; an ame	endment must be filed to c	hange a general partner.	
12. I do hereby certify that the information supplied Corporations from any liability of non-compliance this annual report is true and accurate and that rempowered to execute this apport as required by	with this filing is voluntarily furnished and does no e with Soction 119.07(3)(k) in the event that the in my signature shall have the same legal effects as	ot quality for the	exemption stated in Section 119.07(3)(k), Flori fied is deemed exempt from public access. I fu	ida Statutes. I release the Division of irther certify that the information indicated on	
SIGNATURE(\(\int \int \mathre{M} \)		· • • • • • • • • • • • • • • • • • • •	DATE _	9-18-97	
Typed or Printed Name of General Partner Signing Form	Thomas E. Newton, I	resider	nt Daytime Telephone Number _	334-365-9058	