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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

E.W. ONE LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

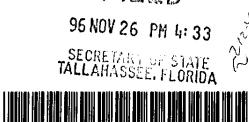
Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **B9500000352**

FILED



Mailing Address. 2701 OKEECHOBEE BLVD SUITE 200 WEST PALM BEACH FL 33409		Principal Office Address 2701 OKEECHOBEE BLVD SUITE 200 WEST PALM BEACH FL 33409		3. Date Formed or Registered 10/09/1995	5a. Capital Contributions as Shown on record.
				3a. Date of Last Report 12/11/1995	
				12/11/1880	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation DE	to date:
City & State		City & State			
Zip	Country	Zip	Country	7. Certificate of Status Desired \$8.75 Additional Fee Required	
	Country	z.ip County		8. Make check payable to: Dept. of State (See reverse side for fee information)	
	9 Name and Address of C	urrent Registered Agent	<u> </u>	10. If changed, new Registers	ed Agent/Office
CRAIG, S			Name Street Address (P.O. Box Number Is Not Acceptable)		
2701 OKE	ECHOBEE BLVD., SUITE 20	00			
WEST PALM BEACH FL 33409			Suite, Apt. #, etc		
			i		

Pursuant to the provisions of sections 620, 1951 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 lamitar with, and accept the obligations of section 620, 192. Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

Zip Code

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. (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Document Number
E.W. ONE, INC.	2701 OKEECHOBEE BLVD.	WEST PALM BEACH FL 33	P94000063371
		0000020 -12/06/ ****19	0226 1 06 9601092007 11.25 ****191.25
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

1. 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 hability 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 630, Florida Statutes.

SIGNAT	URE
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yped or Printed Name of General Partner Signing Form 5721'ex 4 Craje

DATE // / / / / / / / / / / Daytime Telephone Number 56/68/650 (

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