

**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

JUN -7 PM 1:30

REGISTRY



1. Name of Limited Partnership

1a. DOCUMENT #  
**B95000000481**

**WESMERE ASSOCIATES LIMITED PARTNERSHIP**

Mailing Address

ONE HERITAGE PLACE  
SUITE 400  
SOUTHGATE MI 48195

Principal Office Address

ONE HERITAGE PLACE  
SUITE 400  
SOUTHGATE MI 48195

2. Mailing Address

Suite, Apt #, etc

City & State

Zip Country

2a. Principal Office Address

Suite, Apt #, etc

City & State

Zip Country

3. Date Formed or Registered

12/27/1995

3a. Date of Last Report

10/24/1997

4. State or Country of Formation

MI

6. FEI Number

38-3269213

7. Credits as of Status Entered

\$8.75 Additional Fee Required

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

5a. Capital Contributions as Shown on record

\$1,500,000.00

5b. Amount of Capital Contributions in FLORIDA to date

\$0.00

Applied For  
 Not Applicable

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301-2607

Name

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

Suite, Apt #, etc

City

10. If Changed, new Registered Agent/Office

FL Zip Code

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)

HERITAGE DEVELOPMENT SOUTH,

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

ONE HERITAGE PLACE, S

11b. City, State & Zip Code

SOUTHGATE MI 48195

11c. Registration Document Number

P94000014890

51000027020591-81  
-02/02/99--01103--013  
\*\*\*\*141.25 \*\*\*\*141.25

**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

DATE

Typed or Printed Name of General Partner Signing Form

1999 Heritage Development South, LLC

Daytime Telephone Number

1-5-99  
131/246-2410

CR2E003 10/99