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 FILE OF STATE DIVISION OF CORPORATIONS

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		MENT # 00078 1/20/00/10/10/10/00/0			
W.L. REALTY, LIMITED PARTNERSHIP					
Mailing Address Principal Office Address C/O WINTHROP FINANCIAL ASSOCIATES C/O WINTHROP FINANCIAL ASSOCIATES ONE INTERNATIONAL PLACE ONE INTERNATIONAL		SSOCIATES	3. Date Formed or Registered 03/04/1996	5a. Capital Contributions as Shown on record	
ONE INTERNATIONAL PLACE BOSTON MA 02110	ONE INTERNATIONAL PLACE BOSTON MA 02110			5b. Arriount of Capital	
			4. State or Country of Formation	Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		8	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt #, etc.		Applied For Not Applicable	
City & State	City & State	City & State		13 - 37 99 716 ☐ Not Applicable 7. Certificate of Status Desired ☐ \$8.75 Additional	
Zip Country	Zıp	Country		Fee Required f State (See reverse side for fee information	
			Make check payable to Dept of	TStaté (See reverse side for lee informatio	
9. Name and Address of Current Registered Agent		10. If changed new Registered Agent/Office			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number Is Net Acceptable) Suite, Apt. #, etc.			
		City FL Zip Code			
agent. Fam familiar with, and accept the of SIGNATURE (Registered Agent Accepting Appoint A GENERAL PARTNER T	d office or registered agent, or both, in the State of F obligations of section 620 192. Flur da Statutes (ment)	Florida Such chang	e was authorized by its general partner(s). Ther DATE	eby accept the appointment of registere	
i i	MUST BE REGISTERED A	ND ACTIVI	E WITH THIS OFFICE.		
	MUST BE REGISTERED A 11a. (Do NOT Use Post Office	ND ACTIVI	E WITH THIS OFFICE. 11b. City, State & Zip Code	Registration/	
	MUST BE REGISTERED A	ND ACTIVI eral Partner Box Numbers)	E WITH THIS OFFICE.	Posited and	
11. Name(s) of General Partner(s)	MUST BE REGISTERED A Address of Each Gen 11a. (Do NOT Use Post Office	ND ACTIVI eral Partner Box Numbers)	E WITH THIS OFFICE. 11b. City, State & Zip Code NEW YORK NY 10019 400011 -10/31	11c. Registration/ Document Number	
11. Name(s) of General Partner(s)	MUST BE REGISTERED A Address of Each Gen 11a. (Do NOT Use Post Office	ND ACTIVI eral Partner Box Numbers)	E WITH THIS OFFICE. 11b. City, State & Zip Code NEW YORK NY 10019 400011 -10/31	## 11c. Registration/ Document Number ## 15	

this annual report is true and accurate and that my signature shall have the same legal effects as -f made under path. I further certily that fam a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE LONG ON DETERMINE SIGNATURE LONG ON CONTROL SIGNATURE LONG ON CONTROL SIGNATURE ACQUISITION THE LIMITED BY " I Typed or Printed Name of General Partner Signing Form W. Edward Schooltz, Vice Presiden TDaylime Telephone Number 617 - 330 - 8600