

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE

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97 APR 29 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

1. Name of Limited Partnership  WEEKLEY HOMES, L.P.	1a. DOCUMENT # B96000000435
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Mailing Address 1300 POST OAK BLVD., SUITE 1000 HOUSTON TX 77056		Principal Office Address C/O THE CORPORATION TRUST CO. 1209 ORANGE STREET WILMINGTON DE 19801		3. Date Formed or Registered 11/18/1996	5a. Capital Contributions as Shown on record. \$247.50
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions In FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation DE	
City & State		City & State		6. FEI Number 76-0519106	
Zip		Country		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

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 FL
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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
DM WEEKLEY, INC.	1300 POST OAK BLVD.	HOUSTON TX 77056	F98000008038
RW WEEKLEY, INC.	1300 POST OAK BLVD.	HOUSTON TX 77056	F98000005984

*(returned) received in a timely manner*

*Dec 1996.25*

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

4.8.97

Typed or Printed Name of General Partner Signing Form

DAVID A. WEEKLEY

Daytime Telephone Number

(713) 963-0500