

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

FILED
97 JAN 23 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/1/24

1. Name of Limited Partnership		1a. DOCUMENT # B96000000474	
Willa Springs Apartments, L.P.			
Mailing Address c/o Metric Realty One California Street, Suite 1400 San Francisco, CA 94111		Principal Office Address c/o Metric Realty One California Street, Suite 1400 San Francisco, CA 94111	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 12/10/96		5a. Capital Contributions as Shown on record. \$11,385,000	
3a. Date of Last Report n/a		5b. Amount of Capital Contributions in FLORIDA to date \$11,385,000	
4. State or Country of Formation California		6. FEI Number 94-3255632	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	

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 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
WS Apartments, Inc.	One California Street, Suite 1400	San Francisco, CA 94111	F96000006445
700002069167--4 -01/27/97--01024--022 ****576.25 ****576.25			

CP2E003 (6/96)

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 Herman H. Howerton DATE January 14, 1997
Herman H. Howerton, Exec. VP, General Counsel & Secretary
Typed or Printed Name of General Partner Signing Form of WS Apartments, Inc. Daytime Telephone Number 415/678-2000