




FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED 98 JAN 21 AM 11:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 	
1. Name of Limited Partnership WHNML-S REAL ESTATE LIMITED PARTNERSHIP		1a. DOCUMENT # B97000000220			
Mailing Address O/O WHNML-S GEN-PAR. INC. REAL ESTATE DEP 65 BROAD STREET, 18TH FLOOR NEW YORK NY 10004		Principal Office Address O/O WHNML-S GEN-PAR. INC. 100 CRESCENT COURT, #1000 DALLAS TX 75201		3. Date Formed or Registered 05/09/1997	
2. Mailing Address 353 WEST LANCASTER AVE		2a. Principal Office Address 353 WEST LANCASTER AVE.		3a. Date of Last Report 4. State or Country of Formation DE	
Suite, Apt. #, etc. SUITE 210		Suite, Apt. #, etc. SUITE 210		5a. Capital Contributions as Shown on record \$4,299,000.00	
City & State WAYNE, PA		City & State WAYNE, PA		5b. Amount of Capital Contributions in FLORIDA to date 13,184,766	
Zip 19087		Zip 19087		6. FEI Number 75-2699788	
Country		Country		7. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="text-align: right;"> FL Zip Code </div>		
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) WHNML-S GEN-PAR, INC. GH NORTHWEST, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 100 CRESCENT COURT, S 353 WEST LANCASTER AV		11b. City, State & Zip Code DALLAS TX 75201 WAYNE PA 19087	
				11c. Registration/Document Number F97000002482 F97000002479	
100002407741--3 -01/21/98--01132--012 ***2353.75 ****603.75					
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 1-13-98					
Typed or Printed Name of General Partner Signing Form BRUCE ROBINSON, V.P. OF GH NORTHWEST, INC. Daytime Telephone Number (610) 687-6321					

CR2E003 (6/97)