

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE BUREAU OF CORPORATIONS DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 18 PM 1:05	
1. Name of Limited Partnership WREIF-Fort Myers, L.P.		1a. DOCUMENT # B9 000000483			
Mailing Address 174 Wickenden Street Providence, Rhode Island 02903		Principal Office Address 174 Wickenden Street Providence, Rhode Island 02903		3. Date Formed or Registered 9/16/97	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report N/A	
				4. State or Country of Formation DE Rhode Island	
				5a. Capital Contributions as Shown on record. \$9,900.00	
				5b. Amount of Capital Contributions in FLORIDA to date \$9,900.00	
				6. FEI Number 06-1489710 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				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 Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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) Wasserman Fort Myers, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 174 Wickenden Street	11b. City, State & Zip Code Providence, RI 02903	11c. Registration/ Document Number F97000004829
400002460674--7			
B/K 3/18/98			

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.

Wasserman Fort Myers, Inc. is General Partner

SIGNATURE _____

DATE March 17, 1998

Typed or Printed Name of General Partner Signing Form - Richard N. Wasserman, Secretary Daytime Telephone Number (401) 274-5700

CR2E003 (6/97)



THE UNITED STATES
CORPORATION
COMPANY

B97000000483

ACCOUNT NO. : 072100000032

REFERENCE : 743094 4802694

AUTHORIZATION :

COST LIMIT : ~~\$ 173.05~~

ORDER DATE : March 16, 1998

ORDER TIME : 10:01 AM

ORDER NO. : 743094-010

CUSTOMER NO: 4802694

CUSTOMER: Evan G. McCarthy, Legal Asst
Edwards & Angell
2700 Hospital Trust Plaza

Providence, RI 02903

ANNUAL REPORT FILING

NAME: WREIF-FORT MYERS, L.P.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 18 PM 11:04

RECEIVED
98 MAR 18 AM 11:34
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 18 PM 11:05