

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

7000000484

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 MAR 18 PM 1:10

1. Name of Limited Partnership

1a. DOCUMENT #

B97000000484

FC/WRE Realty Associates I, L.P.

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

5a. Capital Contributions as  
Shown on record.

\$100.00

3a. Date of Last Report

N/A

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$100.00

4. State or Country of Formation

DE  
~~Rhode Island~~

6. FEI Number

06-1489706

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

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)

WREIF-Fort Myers, L.P.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

174 Wickenden Street

11b. City, State & Zip Code

Providence, Rhode Island 02903

11c. Registration/  
Document Number

B97000000483

200002460672--3

**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.

WREIF-Fort Myers, L.P., Its General Partner, By: Wasserman Fort Myers, Inc., Its 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

B97000000484

ACCOUNT NO. : 072100000032

REFERENCE : 743094 4802694

AUTHORIZATION : *Patricia Pizots*

COST LIMIT : \$156.25

ORDER DATE : March 16, 1998

ORDER TIME : 9:58 AM

ORDER NO. : 743094-005

CUSTOMER NO: 4802694

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

Providence, RI 02903

ANNUAL REPORT FILING

NAME: FC\WRE REALTY ASSOCIATES I,  
L.P.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

*712*  
*3/18/98*  
RECEIVED  
98 MAR 18 AM 11:34  
DIVISION OF CORPORATION