


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUL 23 AM 11:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # B97000000484		
1. Entity Name FC/WRE REALTY ASSOCIATES I, L.P.		

Principal Place of Business ONE PARK ROW PROVIDENCE, RI 02903	Mailing Address P.O. BOX 6187 PROVIDENCE, RI 02940
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03142003 Chg-LP CR2E003 (10/03)

7/23

4. FEI Number 06-1489706		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	B97000000483	STREET ADDRESS	
NAME	WREIF-FORT MYERS, L.P.	CITY- ST- ZIP	
STREET ADDRESS	ONE PARK ROW, 4TH FLOOR		
CITY- ST- ZIP	PROVIDENCE, RI 02903		
DOCUMENT #		STREET ADDRESS	700039955977
NAME		CITY- ST- ZIP	08/06/04--01056--007 **158.05
STREET ADDRESS			
CITY- ST- ZIP			
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Richard Wasserman 7/19/04 401-274-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #