

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership WHITNEY LABS, L.P.	1a. DOCUMENT # B97000000498 <i>ag-ABM</i>
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Mailing Address C/O WARWICK GROUP II, INC. 70 MAIN STREET NEW CANAAN CT 06840	Principal Office Address C/O WARWICK GROUP II, INC. 70 MAIN STREET NEW CANAAN CT 06840
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 09/16/1997	5a. Capital Contributions as Shown on record. \$8,260,078.70
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: 8,260,078.70
4. State or Country of Formation DE	6. FEI Number 58-2341211 <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) 526.25

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

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 _____
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A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
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11. Name(s) of General Partner(s) COLONIAL GP, L.P.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 70 MAIN STREET	11b. City, State & Zip Code NEW CANAAN CT 06840	11c. Registration/Document Number B97000000498 800002481078--2 -04/07/98--01050--011 ****526.25 ****526.25
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.
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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.
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SIGNATURE <i>✓</i> <i>Douglas M. Chief</i> Typed or Printed Name of General Partner Signing Form Douglas M. Chief	DATE 3/17/98 Daytime Telephone Number 203 966 7447
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CR2E003 (12/97)