

certified 7001 0360 0000 3347 6961  
**2002 UNIFORM BUSINESS REPORT (UBR)**

001577 AT

**DOCUMENT # A29258**  
 1. Entity Name  
**WEST GULF INVESTMENTS, LTD.**

**FILED**  
**02 MAY -6 PM 3: 58**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**520 SE 8TH AVE**      **520 SE 8TH AVE**  
**CRYSTAL RIVER FL 34429**      **CRYSTAL RIVER FL 34429**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State      City & State

4. FEI Number **59-2960070**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**HUBBARD, JEREMIAH A.**  
**520 S.E. 8TH AVENUE**  
**CRYSTAL RIVER FL 34429**

**7. Name and Address of New Registered Agent**  
 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.

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

9. Capital Contributions as Shown on record.      **\$495.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT #	<b>K99894</b>
NAME	<b>WEST GULF INVESTMENTS</b>
STREET ADDRESS	<b>520 S.E. 8TH AVENUE</b>
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500005554935--1</b>
CITY-ST-ZIP	<b>-05/16/02--01046--015</b>
STREET ADDRESS	<b>***150.00 ***150.00</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **Pamela W. Hubbard**      4-22-02  
 (850) 795-1300

CR2E003 (9/01)