


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016043 AT

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

03 APR 30 AM 5: 32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business 520 SE 8TH AVE CRYSTAL RIVER FL 34429	Mailing Address 520 SE 8TH AVE CRYSTAL RIVER FL 34429
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2. Principal Place of Business	3. Mailing Address	4/30
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DUE BY MAY 1, 2003
City & State	City & State	4. FEI Number 59-2960070
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____

9. Capital Contributions as Shown on record. \$495.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # K99894 NAME WEST GULF INVESTMENTS STREET ADDRESS 520 S.E. 8TH AVENUE CITY-ST-ZIP CRYSTAL RIVER FL	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-weight: bold; font-size: 18px;">800017625438</div> <div style="text-align: center; font-size: 12px;">04/30/03-01126 020 **141.25</div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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: *Dana W. Hubbard* 4-21-03 (852) 795-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)