WEST VE	ntures, Ltd.					FILED			
Principal Place	e of Business	Mailing	Mailing Address			01 MAY 14 AM 8: 40			
420 LINCOLN ROAD. SUITE 335 MIAMI BEACH FL 33139		P.O. BOX 191768 MIAMI FL 33119			SECRETARY OF STATE				
2. Principal Pl	ace of Business	3. Mailin	3. Mailing Address					148 (40) 460 161 141	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	3	City &	City & State					Applied For Not Applicable	
Zip Country		Zip 3311	Zip Count 33119-1768		5. Certificate of Status Desired			.75 Additional Required	
	6. Name and Addres	s of Current Registered		1	7. Name and A	ddress of New Registers	ed Age	nt	
	-	1	<del></del>	Name_	Name_				
	TMENTS, INC.				Street Address (P.O. Box Number is Not Acceptable)				
	LN ROAD, SUITE 335	1				<del></del> <del>-</del>			
MIAMI BEA	CH FL 33139				FL Zip Code				
9. Capital Cor as Shown o	on record. \$1,87	9,000.00 10.	gistered Agent signature requestributions  Y. MUST. BE. REG	ISTERED AND AC	11. MAKE CHECK PAYAI SEE REVERSE SIDE TIVE WITH THIS OFFI to change a general p	BLE TO FOR F ICE. partne	EE INFORMATION		
12.	GENEI	RAL PARTNER INFORMA	TION	13.		ADDRESS CHANGES	ONLY	<del> </del>	
P96000013692 PLC REAL ESTATE VENTURES, INC. 420 LINCOLN ROAD, SUITE 335 MIAMI BEACH FL 33139				STREET ADDRESS  CITY-ST-ZIP					
DOCUMENT # NAME	MP 311 32 371 12 33			STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP					
DOCUMENT <b>#</b> NAME	,			STREET ADDRESS	7	<u>0000441</u> 06/12/01	E:5	55.72 079023	
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP		****526.2	25 	****526.25	
DOCUMENT # NAME				STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	ı			CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				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

Estate Ventures Inc., Its General Partner, By: Hilda

SIGNATURE

O4/19/01 305-531-5220

CITY-ST-ZIP

STREET ADDRESS

DOCUMENT #

CITY-ST-ZIP -

NAME STREET ADDRESS

/ 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#** 

1. Entity Name

A9600000314

04/19/01 Date