

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 OCT 15 AM 9:01

1. Name of Limited Partnership

1a. DOCUMENT #  
**A98000000272**

WEST CITY PT 95 LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

1166 WEST NEWPORT CENTER DRIVE, SUITE 118  
DEERFIELD FL 33442

1166 WEST NEWPORT CENTER DRIVE, SUITE 118  
DEERFIELD FL 33442

3. Date Formed or Registered

01/28/1998

5a. Capital Contributions as  
Shown on record.

\$200,000.00

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

65-0824524

Applied For  
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip Country Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

BUTTERS, MALCOLM  
1166 WEST NEWPORT CENTER DRIVE, SUITE 118  
DEERFIELD FL 33442

10. If changed, new Registered Agent/Office

Name **200002668352--2**  
Street Address (P.O. Box Number Is Not Acceptable) **10/20/98--01058--025**  
**\*\*\*1052.50 \*\*\*526.25**  
Suite, Apt. #, etc.  
City **FL** Zip **33442**

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 \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
PORT 95 WAREHOUSE, INC.	1166 WEST NEWPORT CEN	DEERFIELD FL 33442	P98000008923
WEST CITY PORT 95, INC.	3265 MERIDIAN PARKWAY	FORT LAUDERDALE FL 33	P98000026246

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

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 629, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE **9/15/98**

Typed or Printed Name of General Partner Signing Form **Malcolm Buttes** Daytime Telephone Number **9545758111**

CR2E003 (8/98)