2000	UNIFURM BUSINESS REPU	חפטן וחל	<u>'1</u>
DOCUI	MENT # A9800001179	FILED	
WEST CITY POINTE WC I LIMITED PARTNERSHIP			SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Place of Business Mailing Address 1166 WEST NEWPORT CENTER DRIVE. SUITE 118 1166 WEST NEWPORT CENTER DRIVE. SUITE 11			00 APR 18 AHUI: 43
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-773			
	lace of Business 3. Mailing Address 1091 E Newport	+ Center L	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 100 Suite 100			DO NOT WRITE IN THIS SPACE
City & State Deerfie Zip		BEACH, F.	4. FEI Number Applied For Not Applied For Not Applied For Status Desired Status D
33447		USA	Certificate of Status Desired
BUTTERS, MALCOLM Street Address (P.O. Box Number is Not Acceptable)			
DEERFIELD BEACH FL 33442 1166 WEST NEWPORT CENTER DRIVE, SUITE 118 1096 E. Newport Center Drive Suite 100			
Diberfield Beach FL Zip Code 33442			
8. The above named entity submits this statement for the purpose of changing its redistrect office or registered agent, or both, in the State of Florida. SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Resistered Agent signature required when reinstating) 9. Capital Contributions as Shown on record. 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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS	P98000022413 POINTE WEST COMMERCE, INC. 1166 WEST NEWPORT CENTER DRIVE, SUITE 118	STREET ADDRESS	1096 ENewport Center Dr., Suite 100
DOCUMENT#	DEERFIELD BEACH FL 33442 P98000042460	STREET ADDRESS	Deerfield BEACH, FL 3344Z
NAME Street Address City-St-Zip	WEST CITY POINTE WC I, INC. 3265 MERIDIAN PARKWAY, SUITE 100 FT. LAUDERDALE FL 33331	CITY-ST-ZIP	WESTON FLESSBER 3344E
DOCUMENT#	·	- STREET ADDRESS	
STREET ADDRESS City-St-Zip		CITY-ST-ZIP	900003238 7 996 -05/03/0001157004
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STREET ADDRESS CITY - ST - ZIP		CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NCNE STREET ADDRESS	in the second of	STREET ADDRESS	
CITY-ST-ZIP	ertify that the information supplied with this filling does not quality	CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
14. I hereby certify that the information supplied with this filing does not quality 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 920, Florida Statutes			
SIGNATURE: SIGNATURE REQUIRED 4 12 00 954/570-8111 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR TYPED OR TYPED NAME OF SIGNATURE AND TYPED OR			