

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A96000001117

1. Entity Name
WESTERN PACIFIC, LTD.



FILED

2004 APR 29 A 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10 SE CENTRAL PARKWAY, #315
STUART, FL 34994

Mailing Address
P.O. BOX 439
PALM CITY, FL 34991

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
#440

Suite, Apt. #, etc.

04232004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
65-0676299

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

7. Name and Address of New Registered Agent

LAW OFFICE OF RUDOLPH M. DI LASCIO, JR., PA
5798 JOHNSON STREET
HOLLYWOOD, FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

400034516694

04/29/04--01005--024 **526.25

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$580,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 595,000

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
CITY-ST-ZIP
P96000050216
PROSERVE INTERNATIONAL, INC.
10 SE CENTRAL PARKWAY, #315
STUART, FL 34994

STREET ADDRESS
CITY-ST-ZIP
Suite 440

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ronald L. Schmidt
President of Proserve
International Inc.
4/23/04 (m2)
280-116608
Daytime Phone #

STAPLE CHECK HERE