

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 MAY -4 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A29258

1. Entity Name
WEST GULF INVESTMENTS, LTD.



Principal Place of Business
**520 SE 8TH AVE
CRYSTAL RIVER, FL 34429**

Mailing Address
**520 SE 8TH AVE
CRYSTAL RIVER, FL 34429**

2. Principal Place of Business

3. Mailing Address

PO Box 875

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Crystal River FL

Zip

Country

Zip

Country

34423-0875

U.S.

04212004

Chg-LP

CR2E003 (10/03)

4. FEI Number
59-2960070

Applied For
Not Applicable

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

**HUBBARD, JEREMIAH A.
520 S.E. 8TH AVENUE
CRYSTAL RIVER, FL 34429**

Name

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

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. **\$495.00**

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # **K99894**
NAME **WEST GULF INVESTMENTS**
STREET ADDRESS **520 S.E. 8TH AVENUE**
CITY-ST-ZIP **CRYSTAL RIVER, FL**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

900036552989
05/18/04 01055-019 **141.25

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Tana W. Hubbard

4/28/04

(352) 745-1300

Date

Daytime Phone #

STAPLE CHECK HERE