

2002 UNIFORM BUSINESS REPORT (UBR)

P1146 1922.25

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DOCUMENT # A01000001098

1. Entity Name
WESTCITY PALMETTO PARK, LTD.

FILED

02 SEP 11 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1840 N. COMMERCE PARKWAY, SUITE 3
WESTON FL 33326

Mailing Address
1840 N. COMMERCE PARKWAY, SUITE 3
WESTON FL 33326



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

County

Country

6. Name and Address of Current Registered Agent

SIMIGRAN, KENNETH H
1840 N. COMMERCE PARKWAY, SUITE 3
WESTON FL 33326

DUE BY SEPTEMBER 25, 2002

4. FEI Number
65-1134094

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

CHANGE OF ADDRESS
150 E. Palmetto Park Road #401
Boca Raton, FL 33432

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 DATE

9. Capital Contributions as Shown on record. \$3,900,000.00

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 #	L01000013418	WEST CITY PALMETTO PARK LLC	STREET ADDRESS	CHANGE OF ADDRESS
NAME	WESTCITY PALMETTO PARK, LLC		CITY-ST-ZIP	150 E. Palmetto Park Road #401
STREET ADDRESS	1840 N. COMMERCE PARKWAY, SUITE 3			Boca Raton, FL 33432
CITY-ST-ZIP	WESTON FL 33326			
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
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NAME			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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (4/02)