

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** A01000001603

**1. Entity Name**

WEST CREEK, COMMONS, LTD.

APPROVED  
AND  
FILED

02 APR 19 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

300 SE 2nd ST

Suite, Apt. #, etc.

**3. Mailing Address**

300 SE 2nd ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

**City & State**

FT. LAUDERDALE, FL

**City & State**

FT. LAUDERDALE

**4. FEI Number**

65-1159028

**Applied For**

Not Applicable

**Zip**

33301

**Country**

Broward

**Zip**

33301

**Country**

Broward

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
PATRICIA JONES

**Street Address (P.O. Box Number is Not Acceptable)**  
300 SE 2nd ST

**City**  
FT. LAUDERDALE,

**FL**

**Zip Code**  
33301

**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.**

**SIGNATURE**

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

**DATE**

**9. Capital Contributions  
as Shown on record.**

\$800,000.00

**10. Amount of Capital Contributions  
in FLORIDA to date.**

\$-0-

**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**

<b>DOCUMENT #</b>	P01000116157	<b>STREET ADDRESS</b>	
<b>NAME</b>	WEST CREEK COMMONS, INC.	<b>CITY-ST-ZIP</b>	900005350619--3
<b>STREET ADDRESS</b>	300 SE 2nd ST		-04/26/02--01021--019
<b>CITY-ST-ZIP</b>	FT. LAUDERDALE, FL 33301		****141.25 ****141.25
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
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<b>NAME</b>		<b>CITY-ST-ZIP</b>	
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<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

**DO NOT WRITE  
IN THIS SPACE**

CR2E003B (12/01)

**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]*

2/01/02 954-627-9300