


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02000000607 1. Entity Name WESTCITY COMMONS, LTD.						FILED 04 APR 27 PM 3:09 TALLAHASSEE FLORIDA 	
Principal Place of Business 150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432				Mailing Address 150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 04-3695179				04202004 Chg-LP CR2E003 (10/03) 4/27 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SIMIGRAN, KENNETH H 150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432			
7. Name and Address of New Registered Agent 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$5,900,000.00				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				13. ADDRESS CHANGES ONLY			
DOCUMENT #	NAME			STREET ADDRESS	CITY-ST-ZIP		
NAME	WC COMMONS, LLC			150 E. PALMETTO PARK ROAD, #340	BOCA RATON, FL 33432		
STREET ADDRESS	150 E. PALMETTO PARK RD., STE. 401						
CITY-ST-ZIP	BOCA RATON, FL 33432						
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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				Date		Daytime Phone #	