

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 30 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03062007 Chg-LP CR2E003 (12/06)

4. FEI Number 04-3695179 Applied For Not Applicable

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

**DOCUMENT # A02000000607**

1. Entity Name  
**WESTCITY COMMONS, LTD.**

Principal Place of Business  
**120 E. PALMETTO PARK RD., STE. 410  
BOCA RATON, FL 33432**

Mailing Address  
**120 E. PALMETTO PARK RD., STE. 410  
BOCA RATON, FL 33432**

2. Principal Place of Business - No P.O. Box #  
**One Financial Plaza**  
Suite, Apt. #, etc.  
**Suite 102**  
City & State  
**Ft. Lauderdale FL**  
Zip  
**33394** Country  
**USA**

3. Mailing Address  
**One Financial Plaza**  
Suite, Apt. #, etc.  
**Suite 102**  
City & State  
**Ft. Lauderdale FL**  
Zip  
**33394** Country  
**USA**

6. Name and Address of Current Registered Agent

**SIMIGRAN, KENNETH H**  
**120 E. PALMETTO PARK RD., STE. 410**  
**BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name  
**Simigran, Kenneth H.**  
Street Address (P.O. Box Number is Not Acceptable)  
**One Financial Plaza**  
**Suite 102**  
City  
**Ft. Lauderdale FL** Zip Code  
**33394**

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 **4-17-07**

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	WC COMMONS, LLC	120 E. PALMETTO PARK RD., STE. 410	BOCA RATON, FL 33432
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP
<b>One Financial Plaza, Suite 102</b>	<b>Ft. Lauderdale FL 33394</b>
STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP
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 exemptions contained in Chapter 119, 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: DATE **4-17-07** (954) 616-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE