


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A02000001593</b> 1. Entity Name OCALA WEST PARTNERS, A FLORIDA LIMITED PARTNERSHIP	
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Principal Place of Business 2040 NW 67TH PLACE GAINESVILLE, FL 32653	Mailing Address 2040 NW 67TH PLACE GAINESVILLE, FL 32653
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

**FILED**  
 04 FEB -2 AM 9:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01222004 Chg-LP CR2E003 (10/03)

<b>6. Name and Address of Current Registered Agent</b>  SHOREY, SUZANNE V 5010 NW 43RD STREET GAINESVILLE, FL 32606	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right">FL</span> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	
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**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 SOUTHERN BUILDING STRUCTURES, INC. 2040 NW 67TH PLACE GAINESVILLE, FL 32653	STREET ADDRESS CITY-ST-ZIP  
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 900028011099 02/02/04--01053--020 **141.25
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**M THOMAS**

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:** *A. P. Mallin* 1-22-04 352-2647252  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE