


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 30 AM 10:54

DOCUMENT # A02000001593 1. Entity Name OCALA WEST PARTNERS, A FLORIDA LIMITED PARTNERSHIP					
Principal Place of Business 2040 NW 67TH PLACE GAINESVILLE, FL 32653		Mailing Address 2040 NW 67TH PLACE GAINESVILLE, FL 32653			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02102005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 57-1154446	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHOREY, SUZANNE V 5010 NW 43RD STREET GAINESVILLE, FL 32606				7. Name and Address of New Registered Agent Name <u>G.T. Mallini</u> Street Address (P.O. Box Number is Not Acceptable) <u>5010 NW 43rd St</u> City <u>Gainesville</u> FL Zip Code <u>32606</u>	
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 <u>G.T. Mallini</u> DATE <u>3/24/05</u>					
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date. <u>100.00</u>			
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			STREET ADDRESS CITY-ST-ZIP		
SOUTHERN BUILDING STRUCTURES, INC. 2040 NW 67TH PLACE GAINESVILLE, FL 32653			CITY-ST-ZIP		
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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: <u>G.T. Mallini</u> <u>G.T. Mallini</u> <u>3/24/05</u> <u>352 3764971</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE