

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000791	
1. Entity Name THE WEST COAST FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 3056 SW 41ST LANE OCALA, FL 34474	Mailing Address 3056 SW 41ST LANE OCALA, FL 34474
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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

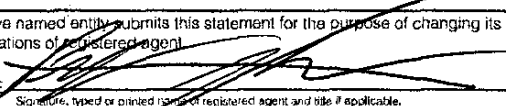


01262004 Chg-LP CR2E003 (10/03)

4. Fil Number 32-0077388	Applied for Not Applicable
5. Certificate of Status Dation ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHRISTOPHER C. SANDERS, P.A. 2837 1ST AVENUE N. ST. PETERSBURG, FL 33713	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

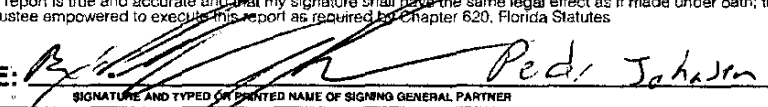
SIGNATURE  **DATE** 4-28-04

9. Capital Contributions as Shown on record. \$0.00	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	
NAME	JOHNSEN, LEONARD W	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 76158		500036472655
CITY-ST-ZIP	ST. PETERSBURG, FL 33734		05/14/04--01048--034 **52.50
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500036472655
STREET ADDRESS			05/14/04--01048--035 **88.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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:  **DATE** 4-29-04 **DAYTIME PHONE #** 352-266-1271

STATE CHECK HERE