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	Mailing Address
3056 SW 41ST LANE OCALA, FL 34474	3056 SW 41ST LANE OCALA, FL 34474
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. FEI Number 32-0077388 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHRISTOPHER C. SANDERS, P.A. 2837 1ST AVENUE N. ST. PETERSBURG, FL 33713	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 ______ 4-28-04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $0.00

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 #		STREET ADDRESS	
NAME	JOHNSEN, LEONARD W		
STREET ADDRESS	P.O. BOX 76158	CITY-ST-ZIP	
CITY-ST-ZIP	ST. PETERSBURG, FL 33734		500036472655
DOCUMENT #		STREET ADDRESS	05/14/04--01048--034 **52.50
NAME			
STREET ADDRESS		CITY-ST-ZIP	500036472655
CITY-ST-ZIP			05/14/04--01048--035 **88.75
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME			141.25
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: ______ Ped. Johnsen 4-29-04 352-266-1274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #