

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000791

**FILED**  
**May 01, 2007**  
**Secretary of State**

**Entity Name:** THE WEST COAST FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1810 S E 16TH AVE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 76509  
SAINT PETERSBURG, FL 33734 PI

**New Mailing Address:**

**FEI Number:** 32-0077388      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHRISTOPHER C. SANDERS, P.A.  
2837 1ST AVENUE N.  
ST. PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: JOHNSEN, LEONARD W

Address: PO BOX 76509

City-St-Zip: ST. PETERSBURG, FL 33734 PI

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEONARD W. JOHNSEN

PART

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date