

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000791

**FILED**  
**May 01, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

1731 SW 2ND AVE. STE C  
OCALA, FL 34477

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 771019  
OCALA, FL 34977

**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:**

JOHNSON, PEDER  
1731 SW 2ND AVE. STE C  
OCALA, FL 34477 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 #: P05000073707  
Name: HAMPTON MANOR WEST COAST, INC.  
Address: 1731 SW 2ND AVE. STE C  
City-St-Zip: OCALA, FL 34477

**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: PEDER JOHNSEN

RA

05/01/2009

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

\_\_\_\_\_  
Date