

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED

2007 APR 30 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03092007 Chg-LP CR2E003 (12/06)

DOCUMENT # A03000000865	
1. Entity Name WESTCITY PLANTATION, LTD.	

Principal Place of Business 120 E. PALMETTO PARK RD., STE. 410 BOCA RATON, FL 33432	Mailing Address 120 E. PALMETTO PARK RD., STE. 410 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box # <i>One Financial Plaza</i>	3. Mailing Address <i>One Financial Plaza</i>
Suite, Apt. #, etc. <i>Suite 102</i>	Suite, Apt. #, etc. <i>Suite 102</i>
City & State <i>Ft. Lauderdale Fl</i>	City & State <i>Ft. Lauderdale Fl</i>
Zip <i>33394</i>	Country <i>USA</i>

4. FEI Number 20-0041175	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIMIGRAN, KENNETH H 120 E. PALMETTO PARK RD., STE. 410 BOCA RATON, FL 33432		Name <i>Simigran, Kenneth H.</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>One Financial Plaza</i>	
		<i>Suite 102</i>	
		City <i>Ft. Lauderdale</i>	FL Zip Code <i>33394</i>

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: *[Signature]* DATE: *4-17-07*

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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	L03000010056 WESTCITY LAKESIDE DEVELOPMENT, LLC 120 E. PALMETTO PARK RD., STE. 410 BOCA RATON, FL 33432	STREET ADDRESS CITY-ST-ZIP	<i>One Financial Plaza, Suite 102 Ft. Lauderdale Fl 33394</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<i>100102355041 05/14/07--01071--001 **500.00</i>
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* DATE: *4-17-07* DAYTIME PHONE #: *(954) 616-1113*

STAPLE CHECK HERE