

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB 14 AM 9:54

DOCUMENT # A04000001826		
1. Entity Name WEST VOLUSIA TOWNE CENTRE, LLLP		

Principal Place of Business 605 EAST ROBINSON STREET, SUITE 420 ORLANDO, FL 32801	Mailing Address 605 EAST ROBINSON STREET, SUITE 420 ORLANDO, FL 32801
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2. Principal Place of Business - No P.O. Box # 605 EAST ROBINSON STREET	3. Mailing Address 605 EAST ROBINSON STREET
Suite, Apt. #, etc. SUITE 500	Suite, Apt. #, etc. SUITE 500
City & State ORLANDO, FLORIDA	City & State ORLANDO, FLORIDA
Zip 32801	Country



01152007 Chg-LP CR2E003 (12/06)

4. FEI Number 75-3187082		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BROCK, M.W. JEFFREY 605 EAST ROBINSON STREET, SUITE 420 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name M.W. JEFFREY BROCK Street Address (P.O. Box Number is Not Acceptable) 605 EAST ROBINSON STREET, SUITE 500 City ORLANDO FL Zip Code 32801

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 Jr, President, General Partner

Signature, typed or printed name of registered agent and title if applicable

DATE

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	P04000128846 FLORIDA CENTRES, INC. 605 EAST ROBINSON STREET, SUITE 420 ORLANDO, FL 32801	STREET ADDRESS CITY-ST-ZIP	605 EAST ROBINSON STREET, SUITE 500 ORLANDO, FLORIDA 32801
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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: Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE