### 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # A0400001826**

Entity Name

WEST VOLUSIA TOWNE CENTRE, LLLP



FILED
May 01, 2008 08:00 AF
Secretary of State

Principal Place of Business

605 EAST ROBINSON STREET

SUITE 500 ORLANDO, FL 32801 Mailing Address

**605 EAST ROBINSON STREET** 

SUITE 500

ORLANDO, FL 32801



03312008 No Chg-LP

CR2E003 (12/06)

4.	FEI Number		
	75-3187082	 	

5. Certificate of Status Desired

\$8.75 Additional

Applied For Not Applicable

6. Name and Address of Current Registered Agent

BROCK, M.W. JEFFREY 605 EAST ROBINSON STREET SUITE 500 ORLANDO, FL 32801

## DO NOT WRITE IN THIS SPACE

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

12.

STAPLE CHECK HERE

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

#### FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

GENERAL PARTNER INFORMATION

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

DOCUMENT #	P04000128846			
NAME	FLORIDA CENTRES, INC.			
STREET ADDRESS	605 EAST ROBINSON STREET, SUITE 500			
CITY-ST-ZIP	ORLANDO, FL 32801			
DOCUMENT / NAME STREET ADDRESS CITY-S1-ZIP				
DOCUMENT # NAME				
STREET ADDRESS CITY-ST-ZIP				
DOCUMENT A NAME STREET ADDRESS CITY+ST-ZIP				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				
14. I have by contifu that the information of malind with this filling days and prolife for h				

# DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-31-09

<del>407-843-7070</del>

Daytime Phone #