

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR -5 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03282007 Chg-LP CR2E003 (12/06)

4. FEI Number **APPLIED FOR 20-8728355** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOPKO, JAMES
853 S.E. MONTEREY COMMONS BLVD.
STUART, FL 34996

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 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

DOCUMENT #	P04000172837
NAME	WEST TRACT, INC.
STREET ADDRESS	1540 S.W. FORK ROAD
CITY- ST- ZIP	STUART, FL 34996
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	800096506748
CITY- ST- ZIP	04/11/07--01038--018 **500.00
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 149, 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: **MARSHALL EVANS** *Marshall Evans*

4/1/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

STAPLE CHECK HERE