

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03062007 Chg-LP CR2E003 (12/06)

DOCUMENT # A05000000991	
1. Entity Name WESTCITY VERANDA, LTD.	

Principal Place of Business 120 E. PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432	Mailing Address 120 E. PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box # <u>One Financial Plaza</u> Suite, Apt. #, etc. <u>Suite 102</u> City & State <u>Ft. Lauderdale FL</u> Zip <u>33394</u> Country <u>USA</u>	3. Mailing Address <u>One Financial Plaza</u> Suite, Apt. #, etc. <u>Suite 102</u> City & State <u>Ft. Lauderdale FL</u> Zip <u>33394</u> Country <u>USA</u>
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6. Name and Address of Current Registered Agent DOUGLAS, STEPHEN M 120 E. PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name <u>Douglas, Stephen M.</u> Street Address (P.O. Box Number is Not Acceptable) <u>One Financial Plaza</u> <u>Suite 102</u> City <u>Ft. Lauderdale FL</u> Zip Code <u>33394</u>
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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 <u>[Signature]</u> DATE <u>4-17-07</u>
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FILE NOW!!! FEE IS \$600.00
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	L04000071605 WESTCITY VERANDA, LLC 120 E. PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432	STREET ADDRESS CITY-ST-ZIP	<u>One Financial Plaza, Suite 102</u> <u>Ft. Lauderdale FL 33394</u>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<u>700102355737</u> <u>05/14/07--01071--009 **500.00</u>
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DOCUMENT # NAME 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 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 (954) 616-1113

STAPLE CHECK HERE