

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # A05000001910

1. Entity Name
RESIDENCES WEST BEACH, LTD.



Principal Place of Business
% NEWPORT PROPERTY VENTURES, LTD.
3211 PONCE DE LEON BOULEVARD SUITE 202
CORAL GABLES, FL 33134

Mailing Address
% NEWPORT PROPERTY VENTURES, LTD.
3211 PONCE DE LEON BOULEVARD SUITE 202
CORAL GABLES, FL 33134



03202007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3635632

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCURTIS, CONSTANTINE
% NEWPORT PROPERTY VENTURES, LTD.
3211 PONCE DE LEON BOULEVARD SUITE 202
CORAL GABLES, FL 33134

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 _____

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 # **L05000054123**
NAME **RESIDENCES WEST BEACH, LLC**
STREET ADDRESS **3211 PONCE DE LEON BOULEVARD, SUITE 202**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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04/27/07-80062-012 500.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Constantine Scurtis

4-16-07

305.446.0000

STAPLE CHECK HERE