

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

DOCUMENT # A05000001910

1. Entity Name

RESIDENCES WEST BEACH, LTD.



FILED  
196 SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 19 AM 8:21

Principal Place of Business Mailing Address  
% NEWPORT PROPERTY VENTURES, LTD. % NEWPORT PROPERTY VENTURES, LTD.  
3211 PONCE DE LEON BOULEVARD SUITE 20 3211 PONCE DE LEON BOULEVARD SUITE 20  
CORAL GABLES FL 33134 CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

1st MOORE CR2E003 (10/07)

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

7. Name and Address of New Registered Agent

Name Martin, Gregory T  
Street Address (P.O. Box Number is Not Acceptable)  
2655 LeJeune Road, Ste 1101  
City Coral Gables FL Zip Code 33134

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 of registered agent or not applicable)

DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	L05000054123	STREET ADDRESS	
NAME	RESIDENCES WEST BEACH, LLC	CITY-ST-ZIP	000129589060 05/15/08--01012--012 **500.00
STREET ADDRESS	3211 PONCE DE LEON BOULEVARD, SUITE 202		
CITY-ST-ZIP	CORAL GABLES FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:

Constantine J. Scurtis

2/19/08

(305)446-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE