

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A06889 1. Entity Name WEST MULBERRY, LTD.					
Principal Place of Business 500 S. FLORIDA AVE., STE 700 LAKE LAND, FL 33801			Mailing Address P.O. BOX 5252 LAKE LAND, FL 33807-5252		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01152004 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-1862333	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCFARLANE, PETER A., ESQ. 500 S. FLORIDA AVE., #715 LAKE LAND, FL 33801			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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record \$100.00			10. Amount of Capital Contributions in FLORIDA to date		
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 #	M77351		STREET ADDRESS	U000000160281	
NAME	LAKE HENRY DEVELOPMENT, INC.		CITY-ST-ZIP	05/13/04-80015-002 150.00	
STREET ADDRESS	500 S. FLORIDA AVE., #700				
CITY-ST-ZIP	LAKE LAND, FL 33801				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Kim S. Kelley</i> Kim S. Kelley			4/30/04 863-647-1581 Date Daytime Phone #		

CHARLES CHECK HERE