## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2006

DOCUMENT #A11858

1. Entity Name WEST APARTMENTS, LTD.



**FILED** Mar 16, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

9095 SW 87TH AVENUE SUITE 777

MIAMI, FL 33176

Mailing Address

9095 SW 87TH AVENUE SUITE 777

MIAMI, FL 33176



DO NOT WRITE IN THIS SPACE

01112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-2235706

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JAMES R. 9095 S.W. 87TH AVE. SUITE 777

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MIAWI, FL	. 33176		ino di Ade	
	e named entity submits this statement for the purpose of changing its tions of registered agent.	registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept	
SIGNATURE				
	Signature, typed or printed name of registered agent and this if applicable.		DATE	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$90	).00		
	A GENERAL PARTNER THAT IS A BUSINESS EN NOTE: General Partners MAY NOT be changed on it	TITY MUST BE REGISTERED AND ACte form; an amendment must be filed	CTIVE WITH THIS OFFICE. I to change a general partner.	
12.	GENERAL PARTNER INFORMATION	T.	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT #	511577			
NAME	PROFESSIONAL MGMT., INC.			
STREET ADDRESS	9095 S.W. 87TH AVE. #777			
CITY-ST-ZIP	MIAMI, FL			
DOCUMENT #		1	1100000469492	

STREET ADDRESS CITY-ST-ZIP

03/27/08-80002-008 snn.nn

DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT #

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS. CVTY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

CITY-ST-ZIP

14. It hereby certify that the information supplied with this filling 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 it made under oath; that I am a General Pariner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 520, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING GENERAL PARTNER

James R. Mitchell 03/13/06

305-270-0870