


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

DOCUMENT # A21507 1. Entity Name ANGLERS COVE WEST, LTD.	
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FILED

2008 APR 29 P 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 500 S FLORIDA AVE., STE 700 LAKELAND, FL 33801	Mailing Address P.O. BOX 5252 LAKELAND, FL 33807
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01182008 Chg-LP CR2E003 (12/06)

City & State	City & State	4. FEI Number 59-2757267	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCFARLANE, PETER A
 *PETER A MCFARLANE, P.A.
 500 S. FLORIDA AVE., #715
 LAKELAND, 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.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #	F77249	STREET ADDRESS	A.T.A. PROPERTIES, INC.
NAME	A.T.A. PROPERTIES, INC.	CITY - ST - ZIP	500 S FLORIDA AVE., #715 LAKELAND, FL 33801
STREET ADDRESS	500 S FLORIDA AVE., #715		
CITY - ST - ZIP	LAKELAND, FL 33801		
DOCUMENT #		STREET ADDRESS	600126706046
NAME		CITY - ST - ZIP	04/29/08--01012--007 **561.25
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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: Kim S. Kelley Kim S Kelley 4/21/08 863.647.1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER