


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A21507

1. Entity Name
ANGLERS COVE WEST, LTD.




Principal Place of Business Mailing Address
500 S FLORIDA AVE., STE 700 **P.O. BOX 5252**
LAKELAND, FL 33801 **LAKELAND, FL 33807**

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

FILED
 2008 APR 29 P 12:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01182008 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
59-2757267 Not Applicable

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

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	
NAME	A.T.A. PROPERTIES, INC.	CITY - ST - ZIP	
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			

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

STAPLE CHECK HERE