


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

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

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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City & State	City & State	4. FEI Number 59-2757267	Applied For Not Applicable
Zip	Country	Zip	Country

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

01182008 Chg-LP CR2E003 (12/06)

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	
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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 # NAME STREET ADDRESS CITY-ST-ZIP	F77249 A.T.A. PROPERTIES, INC. 500 S FLORIDA AVE., #715 LAKELAND, FL 33801	STREET ADDRESS CITY-ST-ZIP	
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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