


**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
Zip	Country

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

01182008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2757267	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCFARLANE, PETER A *PETER A MCFARLANE, P.A. 500 S. FLORIDA AVE., #715 LAKELAND, FL 33801	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 # 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