## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A23838** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 18 PH 1: 10

|   | A23838   |   |  |  |
|---|--|---|--|--|
| WEST 15TH STREET AS                             | SSOCIATES LTD.   |   |  |  |
| Malling Address                                 | Principal Office Address   |   | 3. Date Formed or Registered   | 5a. Capital Contributions as<br>Shown on record.   |
| 1006 W. 15TH ST                                 | 1006 W 15TH ST   | 1006 W. 15TH ST   |  | _  |
| RIVIERA BEACH FL 33404                          | RIVIERA BEACH FL 33404   |   |  | \$356.10   |
|   |  |   | 3a. Date of Last Report<br>12/22/1997  | 5h. Amount of Conital  |
|   |  |   | 4. State or Country of Formation   | 5b. Amount of Capital Contributions in FLORIDA to date:  |
| 2. Mailing Address                              | 2a. Principal Office Address   |   |  |  |
| Suite, Apt. #, etc.                             | Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                       |  | 6, FEI Number Applied For  |
| City & State                                    | City & State   | 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -                   | 59-2801276 ☐ Not Applicable  | Not Applicable   |
|   |  |   |  | \$8.75 Additional  |
| Zip Country                                     | Zip  | Country   | Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information |  |
| O Nome and Address                              |  |   | 40 %   |  |
| 9. Name and Address of Current Registered Agent |  | 10. If changed, new Registered Agent/Office Name          |  |  |
| DAVIS, JAMES E.                                 |  | Street Address (D.O. E                                    | Box Number is Not Acceptable)  |  |
| 13188 FLAMINGO TERR.                            |  | Street Address (P.O. E                                    | sox number is not acceptable)  |  |
| LAKE PARK FL 33410                              |  | Suite, Apt. #, etc.                                       |  |  |
|   |  | City  |  | FL 7976/4  |
| for the purpose of changing its register        | 620.1051 and 620.192, Florida Statutes, the above-nam<br>red office or registered agent, or both, in the State of Flor<br>ne obligations of section 620.192, Florida Statutes. | ed limited partnership orga<br>rida. Such change was auti | horized by its general partner(s). I hereby  | y accept the appointmen√ of registered   |
|   | THAT IS A CORPORATION,<br>MUST BE REGISTERED AN  | LIMITED PAR'  | TNERSHIP OR OTHE<br>TH THIS OFFICE,  |  |
| 11. Name(s) of General Partner(s)               | 11a. Address of Each Gener   | al Partner (ox Numbers)                                   | City, State & Zip Code   | 11c. Registration/<br>Document Number  |
| 04140 1444F0 F                                  | `  |   |  |  |
| DAVIS, JAMES E.                                 | 13188 FLAMINGO TERRA   | AC P.B  | KE PARK FL<br>GARDENS, FL<br>334/6   |  |
| GANTHER, H. BRADLEY                             | 4777-SQUARE LAKE DR  | . LAI   | (E-PARK FL   |  |
|   | 3978 N. OCEAN  | De. 5,  | NGER. 15. FT   |  |
|   |  |   | NGER 13. FL.<br>33404  | /  |
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|   |  |   | ######################################   | 5 <b>45824</b> 6<br>9801033011   |
| ,<br>J  |  |   | 1997 年代<br>・   | 1,25 ****141,25  |
|   |  |   |  | * CO   |
| Note: General partners MA                       | AY NOT be changed on this form   | n; an amendme   | nt must be filed to cha  | nge a general partner.   |

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that the area General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE\_

ther Signing Form JAMES E. DAVIS

DATE 9-14-98

Daytime Telephone Number 561-842-7175

CR2E003 (8/98)