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

FILED Mar 24, 2008 08:00 A Secretary of State

DO	CI	IN/	ΙFΝ	IT	#	A۶	24	8	69	9
		JIV	!! !'	4 1	**			u	v	_

1. Entity Name WEST DADE, LTD.



Principal Place of Business

7860 N.W. 71 STREET MIAMI, FL 33166

Maiting Address

PO BOX 440584 MIAMI, FL 33144



DO NOT WRITE IN THIS SPACE

03102008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2824499

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 the obligations of registered agent.	I am familiar with, and accept
SIGNATURE Signature typed or printed name of registered agent and this if applicable Dz	ATE

FILE NOW!!! FEE 1S \$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. n the form; an amendment must be filed to change a general partner.

	NOTE: General Partners MAY NOT be changed on th									
	12.	GENERAL PARTNER INFORMATION								
	DOCUMENT I NAME STREET ADDRESS CITY+ST-ZIP	M55130 ROMAT, INC. 7860 NW 71 ST MIAMI, FL 33166								
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP									
כוליו ביב סייבסיי זובייב	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP									
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP									
	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP									
	DOCUMENT A NAME STREET ADDRESS									

U00000869907 04/09/08-80068-014 508.75

DO NOT WRITE IN THIS SPACE

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

CITY-ST-ZIP

STAPLE CHECK HERE

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/11/08

(305) 471-0985