

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 APR 14 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A27663**

**WESTBURY ASSOCIATES LIMITED PARTNERSHIP**

97-AP  
CM

Mailing Address

6575 ABBEY RD  
PARKLAND FL 33067

Principal Office Address

2151 E COMMERCIAL BLVD  
FT. LAUDERDALE FL 33308

3. Date Formed or Registered

12/29/1988

5a. Capital Contributions as  
Shown on record.

**\$300,000.00**

3a. Date of Last Report

10/23/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2. Mailing Address

**5940 NW 97<sup>th</sup> DR**  
**PARKLAND**  
**FL.**  
**33076**

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

65-0090570

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

DYAL, J. PATRICK  
800 EAST BROWARD BLVD., #700  
FT. LAUDERDALE FL 33301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number)

Suite, Apt. #, etc.

City

**308802146745--6**

**04/17/97--01034--010**

**\*\*\*\*\*541.25 \*\*\*\*\*541.25**

**FL** Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

MAYFAIR PROPERTIES, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

**6575 ABBEY RD.**  
**5940 NW 97<sup>th</sup> DR.**

11b. City, State & Zip Code

PARKLAND FL

11c. Registration/  
Document Number

K16688

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change 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 I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Elaine Calendriello*

DATE

**3-20-97**

Typed or Printed Name of General Partner Signing Form

**ELAINE CALENDRIELLO**

Daytime Telephone Number

**954-528-5571**

CR2E003 (11/96)