


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A28506 1. Entity Name COLUMBIA-WESTCHESTER SHOPPING CENTERS, LTD.	
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Principal Place of Business 825 BRICKELL BAY DRIVE, SUITE 1643 MIAMI, FL 33131	Mailing Address 825 BRICKELL BAY DRIVE, SUITE 1643 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



02172006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0160502

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MENDELSON, LAURANS A.
825 S. BAYSHORE DRIVE
SUITE 1643
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

000000464829
03/22/06-80011-013 500.00
DATE


FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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	
DOCUMENT #	K50772
NAME	COLUMBIA WESTCHESTER DEVELOPMENT CORPORAT
STREET ADDRESS	825 S. BAYSHORE DR.#1643
CITY-ST-ZIP	MIAMI, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE:  **Laurans A. Mendelson** **3/10/06** **305-374-1745**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone

STAPLE CHECK HERE