

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:08

DOCUMENT # A29462

1. Entity Name
I-110 WEST, LTD.



Principal Place of Business
175 BRADLEY PLACE
PALM BEACH, FL 33480

Mailing Address
% FRED RAOAORT
6801 CANAL BRIDGE CT
POTOMAC, MD 20854

DO NOT WRITE IN THIS SPACE



01052007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
58-2045903

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAPAPORT, ROBERT D
175 BRADLEY PL.
PALM BEACH, FL 33480

**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.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # P94000081934
NAME MAKSON CORP.
STREET ADDRESS 175 BRADLEY PLACE
CITY-ST-ZIP PALM BEACH, FL 33480

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

100087213821
02/05/07--01006--015 **500.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE