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

## DOCUMENT #A31367

1. Entity Name
WESTLAND I. LTD.



Principal Place of Business

9155 S. DADELAND BLVD., SUITE 1812 MIAMI, FL 33156 Mailing Address

9155 S. DADELAND BLVD., SUITE 1812 MIAMI, FL 33156

## FILED Apr 18, 2008 08:00 All Secretary of State



DO NOT WRITE IN THIS SPACE

04012008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0319524 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, ELIZABETH A ESQ 9155 S. DADELAND BLVD., SUITE 1812 MIAMI, FL 33156

## 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.	am familiar with, and accept
	the obligations of registered agent.	
٥.	CANATURE	

FILE NOW!!! FEE IS \$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. 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 # NAME STREET ADDRESS CITY-ST-ZIP	F90456 WESTLAND CONST. CORP.#2 9155 S. DADELAND BLVD., SUITE 1812 MIAMI, FL 33156
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	·
DOCUMENT # NAME STREET ADDRESS	

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

U00000907524 |S/05/08-80041-020 500.0

DATE

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14. I hereby certify that the information supplied with this filling 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 empowers to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

DOCUMENT #

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT / NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT / NAME
STREET ADDRESS
CITY-ST-ZIP
COCUMENT / NAME
STREET ADDRESS
CITY-ST-ZIP

MANUAL AND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTNE

4/11/08

(305)670-1000