

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 28 PM 3: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership		1a. DOCUMENT # A32655		98 DEC 28 PM 3:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
WESTFORK PLAZA ASSOCIATES LIMITED PARTNERSHIP					
Mailing Address		Principal Office Address		3. Date Formed or Registered	
200 SOUTH PARK ROAD - #200 HOLLYWOOD FL 33021		200 SOUTH PARK ROAD - #200 HOLLYWOOD FL 33021		03/05/1992	
				3a. Date of Last Report	
				12/12/1997	
				4. State or Country of Formation	
				DE	
2. Mailing Address		2a. Principal Office Address		5a. Capital Contributions as Shown on record.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$0.00	
City & State		City & State		5b. Amount of Capital Contributions in FLORIDA to date:	
Zip		Zip		\$0.00	
Country		Country		6. FEI Number	
				65-0317266	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

<p>9. Name and Address of Current Registered Agent</p> <p>STOTZER, THEODORE J., ESQ. 200 SOUTH PARK ROAD - #200 HOLLYWOOD FL 33021</p>	<p>10. If changed, new Registered Agent/Office</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>Suite, Apt. #, etc.</p> <p>City</p> <p>FL Zip Code</p>
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
HOLLYWOOD, INC. (WESTFORK)	200 SOUTH PARK ROAD, #	HOLLYWOOD FL 33021	F98000001981

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

DATE December 15, 1998

Typed or Printed Name of General Partner Signing Form Michael Swerdlow, President

Daytime Telephone Number (954) 981-1000

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