

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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96 DEC 27 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

1. Name of Limited Partnership	1a. DOCUMENT # A32656
WEST LAKE ASSOCIATES II, L.P., LTD.	



Mailing Address 200 SOUTH PARK ROAD - #200 HOLLYWOOD FL 33021		Principal Office Address 200 SOUTH PARK ROAD - #200 HOLLYWOOD FL 33021		3. Date Formed or Registered 03/05/1992	5a. Capital Contributions as Shown on record. \$0.00
				3a. Date of Last Report 12/20/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$0.00
				4. State or Country of Formation DE	
2. Mailing Address	2a. Principal Office Address			6. FFL Number 65-0317268	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			7. Certificate of Status Desired XXX	\$8.75 Additional Fee Required
City & State	City & State			8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office	
STOTZER, THEODORE J., ESQ. 200 SOUTH PARK ROAD - #200 HOLLYWOOD FL 33021	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, etc.	
	City	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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
HOLLYWOOD, INC \ WEST LAKE \	200 SOUTH PARK ROAD, #	HOLLYWOOD FL	200002048633--5 -01/07/97--01/09--011 ****200.00 ****200.00

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.

By: **Hollywood, Inc. (West Lake), its general partner**

SIGNATURE _____ DATE **12/2/96**
Typed or Printed Name of General Partner Signing Form **Michael Swerdlow, President** Daytime Telephone Number **(954) 981-1000**

CR2E003 (6/96)