

APPLICATION FOR
~~REINSTATEMENT~~
FOR
LIMITED PARTNERSHIP
Annual Report 1998
DOCUMENT # **A93000001095**

1. Name of Limited Partnership



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

West Management Systems, Ltd.

FILED

98 APR 27 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Mailing Address 1724 Vestal Drive Suite, Apt. #, etc.		3. Principal Office Address 1724 Vestal Drive Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida 10/22/93	
City & State Coral Springs, FL		City & State Coral Springs, FL		5. FEI Number 65-0443363 Applied For Not Applicable	
Zip 33071	Country USA	Zip 33071	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See 75 Additional Fee required for a Certificate of Status</small>	
8a. Capital Contributions as Shown on Record: \$ 990.00				7. State or Country of Formation FL	
8b. Amount of Capital Contributions in FLORIDA to date:				FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	

9. Name and Address of Current Registered Agent Kramer, Robert M c/o Kramer & Zuckerman, P.A. 4000 Hollywood Blvd., Suite 485 So. Hollywood, FL 33021		10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
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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. Names of General Partner(s) Randy Beth Grasso	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1724 Vestal Drive	City, State and Zip Code Coral Springs FL 33071	11a. Registration Document Number 000002507160-6 -05/01/93-01005-011 ****141.25 ****141.25 FL
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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

Randy Beth Grasso

DATE

04-22-98

Typed or Printed Name of General Partner Signing Form

RANDY BETH GRASSO

Telephone Number

954 753 7242

CR2E039 (12/97)

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WEST MANAGEMENT SYSTEMS, LTD.

1724 Vestal Drive
Coral Springs, Florida 33071

954 - 753 - 7242

Fax 954 - 753 - 0656

April 22, 1998

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: West Management Systems, Ltd
Document #: 93000001095

Sirs:

The following is prepared as per the instructions of Tami Cline, your representative, reached at (850) 487- 6051, on the above captioned date.

I have moved my address, and as a result of that move, have not received mail. The current address is as indicated on the letterhead above.

Ms. Cline also instructed me to enclose a properly executed "Application for Reinstatement," along with a check for \$141.25, (made out to the Department of State), for the 1998 Annual Report registration.

I look forward to your immediate response regarding my notice of reinstatement.

Thank You,



Randy B. Grasso

General Partner ✓