ALICA	DN FOR	JI OBI	DA DE PARTI	NI TO IE	0			
BINSAFMAN (STATE				arri Stale	MILED			
LIMITED PARTNERSHED DUST OF GORPORATIONS					00100 -3 1	00 MAY +3 191 5: 00		
DOCUMENT # A940000 00868 1. Name of Limited Partnership					Signal Signal (Signal Signal S	EMMARINE NAS		
Westga Partne	te Properties	of St. Pet	ersbu	rg Limit	l l		;	
		~ _r				DO NOT WHITE IN THIS SPACE		
2. Mailing Address 3275 Mar	tin Road	3 Principal Office Address 1325 4th St. North			4. Date Formed or Registered To Do Business in Florida			
Suite, Apt. #, etc.		State Apt # etc			5. FEI Number Applied For			
Ste 127 City & State		City & State			59-2683762 Not Applicate			
Walled Lake, MI Zip Country		St. Petersburg,			CEDIFICATE OF CLATHODE OF COURTS			
48390	USA	33701	USA		7. State or Country of Formation	for a Certificate	or status	
8a. Capital Contribution on Record	Ba. Capital Contributions as Shown			ad at a sate of \$7 per				
\$ 20.00	00	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 definquent. Note If the amount entered in 8b is greater than amount entered in 8b, a supplemental afficiavit must be submitted along with a separate and						
8b. Amount of Capital FLORIDA to date								
FEORIDA to date		Note If the amount of appropriate file		greater than amoun	t entered in 88, a supplemental attidavit must b	e submitted along with a sepi	arate and	
9.	Name and Address of Current I	Registered Agent		<u> </u>	10. If changed new registered	10. If changed new registered agent/office		
				Name				
Alflen, Kenneth L. 1325 4th Street North				Street Address (P.O. Box Number Is Not Acceptable)				
	th 33701	Suite Apt #, etc		5000028709553 				
00. 16	tersburg, FL	33701		Coy ####728. FL ####728. 75				
for the purpose o		gistered agent, or both, in the	e State of Flori		organized or registered under the laws of the is authorized by its general partner(s). Thereb			
SIGNATURE (Registered A	Agent Accepting Appointment)	DATE		Ì				
A GENERAL	PARTNER THAT I	S A CORPORA	TION, L	IMITED PA	RTNERSHIP OR OTHER	BUSINESS EN	YTITY	
		BE REGISTER Address of Eac		· · · · · · · · · · · · · · · · · · ·	WITH THIS OFFICE.	Registrati		
11. Names of Gen	neral Partner(s)	(Do NOT Use Post			City, State and Zip Code	11a. Document No		
Alflen	, Kenneth L.	1325 4th	Street	t North	St. Petersburg, Florida 33701			
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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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes if relicise the Division of Corporations from any hability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is decribed 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, received or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE !

Typed or Printed Name of General Partner Signing Form

1 30 |49

Telephone Number