## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1e. DOCUMENT # **A9600000818** 

MAGNUM WEST COAST PROPERTIES, LTD.

98-AR/cus

FILED 97 NOV 18 AN SE23 SECRETARY OF TALLAHASSEE, FEMALA



	Principal Office Address		3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.	
1280 N.E. 48TH STREET	1290 N.E. 48TH STREET	•	04/26/1996	*4.00	
POMPANO BEACH FL 33064	POMPANO BEACH FL 33064		3a. Date of Last Report	\$1.00	
			02/04/1997	5b. Amount of Capital Contributions in FLORIDA	
		<u> </u>	4. State or Country of Formation	Contributions in FLORIDA to date:	
2. Malling Address	2a. Principal Office Address		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		
City & State	City & State		65-0665015	Applied For Not Applicable	
only a diane	Ony & Olate		7. Certificate of Status Desirod	\$8.75 Additional	
<b>Zip</b> Country	Zip Country		8 Material and a North to Deat	Feo Required  I State (See reverse side for fee Informatic	
	- · · · · · · · · · · · · · · · · · · ·		• Make check payable to: Dopt. o	State (See reverse sign for the littermati	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
EDEDEDICO MANTO		Name	777 04.0		
FREDERICO, JAMES 1280 N.E. 48TH ST.		Street Address (F.O. Box Number Is Not Acceptable)			
POMPANO BEACH FL 33064		Suite, Apt. #, etc.		الاد مان المان الم	
I dim tille perion i f dono.		City		2000023583325 -11726797 <b>-</b> 010970015 ****165 <b>.01</b> ****156.25	
for the purpose of changing its registered office or	registered agent, or both, in the State of Flo	City ed limited partnership orida. Such change wa	organized or registered under the taws of t	he State of Florida, submits this statemen	
for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation	registered agent, or both, in the State of Flo	ed limited partnership	organized or registered under the taws of t	he Stato of Florida, submits this stateme reby accept the appointment of registerd	
for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT	registered agont, or bolls, in the State of Flo s of acction 620.192, Florida Statutes.	d limited partnership prida. Such change wa	organized or registered under the laws of s authorized by its general partner(s). The DATE	he State of Florida, submits this statement eby accept the appointment of registere	
for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT MUS'	registered agont, or bolls, in the State of Flo s of acction 620.192, Florida Statutes IS A CORPORATION, I T BE REGISTERED AN	pd limited partnership prida. Such change wa LIMITED PA ID ACTIVE V	organized or registered under the laws of sauthorized by its general partner(s). I he  DATE  RTNERSHIP OR OTHE  VITH THIS OFFICE.	the State of Florida, submits this statement eby accept the appointment of registere	
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for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation  SIGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT MUS:  11. Name(s) of General Partner(s)	registered agont, or bolls, in the State of Flos of section 620.192, Florida Statutes.  IS A CORPORATION, I T BE REGISTERED AN Address of Each General (to NOT Use Post Office Beneral Control of the State of Each General Control of Each General Con	bd limited partnership prida. Such change wa  LIMITED PA ID ACTIVE V at Partner ox Numbers) 111	DATE RTNERSHIP OR OTHE WITH THIS OFFICE.  D. City, State & 7ip Code  POMPANO BEACH FL 3306	The State of Florida, submits this statement by accept the appointment of registers  R BUSINESS ENTITY  11c. Registration/ Document Number  P93000052210	

SIGNATUR

JAMES

empowered to execute this report as required by charger 620, Horida Statutes.

FRODORILO

this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

DATE

Daytime Telephone Number 957 785 2320