

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 20 PM 4:03



1. Name of Limited Partnership	1a. DOCUMENT # A96000001239
WEST HAGEN ASSOCIATES, LTD.	

Mailing Address 3612 WEST HILLSBORO BLVD. DEERFIELD BEACH FL 33442	Principal Office Address 3612 WEST HILLSBORO BLVD. DEERFIELD BEACH FL 33442	3. Date Formed or Registered 07/01/1996	5a. Capital Contributions as Shown on record \$350,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 65-0679069	☐ Applied For ☐ Not Applicable
Zip	Country	7. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent HAFT & ASSOCIATES, P.A. SUITE 800, SOUTH TOWER 1101 BRICKELL AVENUE MIAMI FL 33131	10. If changed, new Registered Agent/Office 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) WEST HAGEN ASSOCIATES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3612 WEST HILLSBORO B	11b. City, State & Zip Code DEERFIELD BEACH FL 33	11c. Registration/Document Number P96000055480
600002046886--B -01/06/97--01046--004 ****576.25 ****576.25 12-27			

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 _____

Typed or Printed Name of General Partner Signing Form

Jonathan Silverman
WEST HAGEN ASSOCIATES, INC.
DATE **12/13/96**
Daytime Telephone Number **954-360-7444**