

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

**FILED**

97 DEC -1 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



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

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001239**

**WEST HAGEN ASSOCIATES, LTD.**



*JR 12/1*

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**

3a. Date of Last Report

**12/20/1996**

5b. Amount of Capital Contributions in FLORIDA to date.

4. State or Country of Formation

**FL**

2. Mailing Address

**Joan I. Newirth, P.A.**

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

**9837 NW 2 Court**

**Plantation, Florida**

Zip

Country

**33324 USA**

6. FEI Number

**65-0679069**

Applied For  
 Not Applicable

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, now Registered Agent/Office

Name  
**Mcava Real Estate, Inc.**

Street Address (P.O. Box Number Is Not Acceptable)

**3612 West Hillsboro Blvd.**

Suite, Apt. #, etc.

**Deerfield Beach, Florida**

City

**Deerfield Beach**

Zip Code

**FL 33442**

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.

*Dr. Stephen M. A. Wisco, President*

SIGNATURE (Registered Agent Accepting Appointment)

DATE **11/1/97**

**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**

**700002363637 - 3  
-12/04/97--01114--009  
\*\*\*\*541.25 \*\*\*\*541.25**

**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

*Jonathan Silverman, President*  
**Jonathan Silverman, as President**

DATE **11/1/97**

Typed or Printed Name of General Partner Signing Form

**Jonathan Silverman, as President**

Daytime Telephone Number

**954-360-7444**

CR2E003 (6/97)