

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.



JP 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

3a. Date of Last Report

12/20/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$350,000.00

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

2. Mailing Address

Joan I. Newirth, P.A.

Suite, Apt. #, etc.

9837 NW 2 Court

City & State

Plantation, Florida

Zip

33324

Country

USA

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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, new Registered Agent/Office

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

FL

Zip Code

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. Woz, 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

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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

West Hagen Associates, Inc.

Typed or Printed Name of General Partner Signing Form

Jonathan Silverman, as President

DATE

11/1/97

Daytime Telephone Number

954-360-7444

CR2E003 (6/97)