


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 APR 15 PM 3:48

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|---|--|---|--|--|--|
| DOCUMENT # A96000001239 1. Entity Name WEST HAGEN ASSOCIATES, LTD. | | | |  | |
| Principal Place of Business 3612 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 | | | Mailing Address 9810 NW 10TH ST. PLANTATION, FL 33322 | | |
| 2. Principal Place of Business 406 W. Hillsboro Blvd Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Deerfield Beach FL | | City & State | | 4. FEI Number 65-0679069 | |
| Zip 33441 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCAVA REAL ESTATE, INC. 3612 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33324 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 406 W. Hillsboro Blvd City Deerfield Beach FL Zip Code 33441 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Jonathan Silverman Esq</u> DATE <u>2/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$350,000.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # P96000055480 NAME WEST HAGEN ASSOCIATES, INC. STREET ADDRESS 3612 WEST HILLSBORO BLVD. CITY-ST-ZIP DEERFIELD BEACH, FL 33442 | | | STREET ADDRESS 406 W. Hillsboro Blvd CITY-ST-ZIP Deerfield Beach FL 33441 | | |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes | | | | | |
| SIGNATURE: <u>Jonathan Silverman Esq</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | Date <u>2/26/04</u> Daytime Phone # <u>954-3607444</u> | | |

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