

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2000 8:00 am**
Secretary of State**DOCUMENT # A96000001791**

1. Entity Name

WEST CITY PARTNERS, LTD.

Principal Place of Business

Mailing Address

C/O CAREY KRAMER COMPANY**C/O CAREY KRAMER COMPANY****1840 N. COMMERCE PARKWAY, SUITE 3****1840 N. COMMERCE PARKWAY, SUITE 3****WESTON FL 33326****WESTON FL 33326-3222**

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0696625

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAGG, K. LAWRENCE**C/O WHITE & CASE****200 S. BISCAYNE BLVD., SUITE 4900****MIAMI FL 33131**

Name

Kenneth H. Simigran, c/o Carey Kramer Company

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

1840 N. Commerce Pkwy.**Suite 3**

City

Weston**FL**Zip Code
33326

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.

SIGNATURE

Kenneth H. Simigran 4/28/00

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions
as Shown on record.**\$618,750.00**10. Amount of Capital Contributions
in FLORIDA to date.11. **MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION**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 # **P96000078655**
NAME **WEST CITY PARTNERS, INC.**
STREET ADDRESS **1840 N. COMMERCE PARKWAY**
CITY - ST - ZIP **WESTON FL 33326**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kenneth H. Simigran 4/28/00 (954) 389-7822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #