

# 2002 UNIFORM BUSINESS REPORT (UBR)

P 1144 E 921.88

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DOCUMENT # A960000Q1791

1. Entity Name

WEST CITY PARTNERS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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LR  
9/11

Principal Place of Business

Mailing Address

C/O CAREY KRAMER COMPANY  
1840 N. COMMERCIAL PARKWAY, SUITE 3  
WESTON, FL 33326

C/O CAREY KRAMER COMPANY  
1840 N. COMMERCIAL PARKWAY, SUITE 3  
WESTON, FL 33326



2. Principal Place of Business

3. Mailing Address

CHANGE OF ADDRESS

CHANGE OF ADDRESS

150 E. Palmetto Park Road #401  
Boca Raton, FL 33432

150 E. Palmetto Park Road #401  
Boca Raton, FL 33432

DUE BY SEPTEMBER 25, 2002

File Number 65-0696625

Applied For  
Not Applicable

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

SIMIGRAN, KENNETH H.

Name

CHANGE OF ADDRESS

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

150 E. Palmetto Park Road #401

City

Boca Raton, FL 33432

Zip Code

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

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

DATE

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  
CITY-ST-ZIP WESTON, FL 33326

STREET ADDRESS

CITY-ST-ZIP

CHANGE OF ADDRESS

150 E. Palmetto Park Road #401  
Boca Raton, FL 33432

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STREET ADDRESS

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 689, Florida Statutes

SIGNATURE:

KENNETH H. SIMIGRAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)