2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED

	Due By M	May 1, 2005		20	05 APR 25	PH 12: 21	
DOCU	MENT # A96000001						
Entity Name WEST CITY PARTNERS, LTD.				, TA	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
150 E. PALN	ce of Business METTO PARK ROAD, #401 N, FL 33432	Mailing Address 150 E. PALMETTO PARK BOCA RATON, FL 33432					
130 E	Place of Business . PALMETTO Park		ALMETTO Pa	الالالله الارام. المالية المالية			
Suite, Apt.	٥	Suite, Apt. #, etc.		03302005	Chg-LP	CR2E003 (10/	03)
Bo CA	RATON, FL	City & State GOCA RA7	or Pl	4. FEI Number 65-0696			Applied For Not Applicable
38437	Country	3 3 #3 x	Country	5. Certificate o	f Status Desired	□ \$8.75 Fee Red	Additional uired
	6. Name and Address of Current F	Registered Agent	Name	7. Name and A	ddress of New R	egistered Agent	
SIMIGRAN, KENNETH H							
150 E. PALMETTO PARK ROAD, #401 BOCA RATON, FL 33432			Street Address	ss (P. Box Number	is Not Acceptable	Park Re	#410
			2 7				
		City Bo	A RAT	5N	FL [∠] 8	343 3	
8. The above the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or regi	stered agent, or both	, in the State of Flo	rida. I am familiar v	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable.				DATE	
9. Capital Co as Shown	ontributions \$618,750.00	Contributions					
	A GENERAL PARTNER TI NOTE: General Partners MA	HAT IS A BUSINESS ENTI Y NOT be changed on the	ITY MUST BE REG	ISTERED AND AC	CTIVE WITH TH	S OFFICE.	
12.	GENERAL PARTNER		13.		ADDRESS CHA		
DOCUMENT # NAME	P96000078655 WEST CITY PARTNERS, INC.	STREET ADDRESS 120 F. PALMETTO Park Rd #				K R3 #	
STREET ADDRESS CITY-ST-ZIP	· ·		CITY-ST-ZIP	OCA RO			12 - 483 1
DOCUMENT #			STREET ADDRESS	0(1) 7(1	9070	<u> </u>	12- (00)
NAME STREET ADDRESS	PLEASE NOTE O	FIED BJEVEL A ENENEDE	CORNEY-ST-7IP		ักกร ส ว	34621	
CITY-ST-ZIP	A BEARDE NOTE OF	OK NEW ADDRE	<u> </u>	<u> </u>	205mn84	34621 	35 00
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STREET ADDRESS	BOCA RATON FI 33/32		CITY-ST-ZIP				
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DOCUMENT # NAME	(561) 394-7400		STREET ADDRESS				
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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)(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

CITY-ST-ZIP

SIGNATURE:

STAPLE CHECK HERE

NAME Street adoress

CITY-ST-ZIP

GNATURE AND TYPES OR PRINTED NAME OF SKINING GENERAL PARTNER

Daytime Phone ₹

Date