

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03062007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0696625 Applied For Not Applicable

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

DOCUMENT # A96000001791
1. Entity Name
WEST CITY PARTNERS, LTD.



Principal Place of Business
120 E. PALMETTO PARK ROAD, #410
BOCA RATON, FL 33432

Mailing Address
120 E. PALMETTO PARK ROAD, #410
BOCA RATON, FL 33432

2. Principal Place of Business - No P.O. Box #
One Financial Plaza
Suite, Apt. #, etc.
Suite 102
City & State
Ft. Lauderdale FL
Zip
33394 Country
USA

3. Mailing Address
One Financial Plaza
Suite, Apt. #, etc.
Suite 102
City & State
Ft. Lauderdale FL
Zip
33394 Country
USA

6. Name and Address of Current Registered Agent
SIMIGRAN, KENNETH H
120 E. PALMETTO PARK ROAD, #410
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
Name
Simigran Kenneth H.
Street Address (P.O. Box Number is Not Acceptable)
One Financial Plaza
Suite 102
City
Ft. Lauderdale FL Zip Code
33394

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 DATE
4-17-07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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	STREET ADDRESS	One Financial Plaza, Suite 102
NAME	WEST CITY PARTNERS, INC.	CITY-ST-ZIP	Ft. Lauderdale FL 33394
STREET ADDRESS	120 E. PALMETTO PARK ROAD, #410		
CITY-ST-ZIP	BOCA RATON, FL 33432		
DOCUMENT #		STREET ADDRESS	100102255461
NAME		CITY-ST-ZIP	05/14/07--01071--003 **\$900.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DATE **4-17-07** (954) 614-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #