

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

A9600002295

FILED
96 DEC 19 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership		1a. DOCUMENT # A9600002295	
Westland Commons, Ltd.		47-AR CM CMS	
2. Mailing Address 444 Brickell Avenue Suite 800 Miami, FL 33131		2a. Principal Office Address SAME	
3. Date Formed or Registered 12/12/96		5a. Capital Contributions as Shown on Report \$10,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date \$10,000.00	
4. State or Country of Formation Florida		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	
2. Mailing Address 444 Brickell Avenue Suite 800 Miami, Florida		2a. Principal Office Address 444 Brickell Avenue Suite 800 Miami, Florida	
3. Date Formed or Registered 12/12/96		5a. Capital Contributions as Shown on Report \$10,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date \$10,000.00	
4. State or Country of Formation Florida		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent Palm Springs Capital Corp. 444 Brickell Avenue, Suite 800 Miami, FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.105 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
Palm Springs Capital Corp.	444 Brickell Ave Suite 800	Miami, FL 33131	P96000074369
			200002039422--5 -12/27/96--01063--006 *****8.75 *****8.75
			200002039422--5 -12/27/96--01063--007 ****208.75 ****208.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE _____
Typed or Printed Name of General Partner (Company) Fredric N. Karlton President Daytime Telephone Number (305) 371-5500

CITY OF TALLAHASSEE