

2001 UNIFORM BUSINESS REPORT (UBR)

0004524 AF

DOCUMENT # A96000002295

1. Entity Name
WESTLAND COMMONS LTD.

Principal Place of Business
**1800 SUNSET HARBOUR DR., #2
MIAMI BEACH FL 33139**

Mailing Address
**1800 SUNSET HARBOUR DR., #2
MIAMI BEACH FL 33139**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0705805

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

FILED
01 JUN 28 AM 8:47
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**PALM SPRINGS CAPITAL CORP.
1800 SUNSET HARBOUR DR., #2
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$10,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000079369 PALM SPRINGS CAPITAL CORP. 1800 SUNSET HARBOUR DR., #2 MIAMI BEACH FL 33139	STREET ADDRESS CITY-ST-ZIP	300004469589-9 -07/11/01--01063--005 *****150.00 *****150.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300004469589-9 -07/11/01--01063--006 *****8.75 *****8.75
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00(11) 800283

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 629, Florida Statutes

SIGNATURE: *FREDRIC N. Kaelton* **4/27/01 366532 2905**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____