

2002 UNIFORM BUSINESS REPORT (UBR)

0001649 AV

DOCUMENT # **A96000002295**

1. Entity Name
WESTLAND COMMONS LTD.

APPROVAL
AND
FILED

02 APR 26 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State City & State

4. FEI Number Applied For
65-0705805 Not Applicable

Zip Country Zip Country

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

PALM SPRINGS CAPITAL CORP.
1800 SUNSET HARBOUR DR., #2
MIAMI BEACH FL 33139

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

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 #	P96000079369
NAME	PALM SPRINGS CAPITAL CORP.
STREET ADDRESS	1800 SUNSET HARBOUR DR., #2
CITY-ST-ZIP	MIAMI BEACH FL 33139
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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

SIGNATURE: *[Signature]* **FREDRIC P. KAHN** Date: **4/23/02** Daytime Phone #: **305-532-2900**

CR2E003 (9/01)