


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
Feb 04, 2008 08:00 AM
Secretary of State**

DOCUMENT # A9600002295	
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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E003 (10/07)
4. FEI Number 65-0705805	Approved For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and is not applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	STREET ADDRESS	
NAME	PALM SPRINGS CAPITAL CORP.		000000815898
STREET ADDRESS	1800 SUNSET HARBOUR DR., #2		02/14/08-80028-012 500.00
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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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 62C, Florida Statutes.

SIGNATURE: _____ **1/31/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #