


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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<b>DOCUMENT # A96000002295</b> 1. Entity Name <b>WESTLAND COMMONS LTD.</b>	
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FILED  
2003 AUG 21 AM 9:04

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>1800 SUNSET HARBOUR DR., #2 MIAMI BEACH FL 33139</b>	Mailing Address <b>1800 SUNSET HARBOUR DR., #2 MIAMI BEACH FL 33139</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	4. FEI Number <b>65-0705805</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**DUE BY SEPTEMBER 24, 2003**

6. Name and Address of Current Registered Agent  <b>PALM SPRINGS CAPITAL CORP. 1800 SUNSET HARBOUR DR., #2 MIAMI BEACH FL 33139</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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**500022980735**  
**08/21/03--01051--009 \*\*158.75**  
**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 title if applicable.

9. Capital Contributions as Shown on record. <b>\$10,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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	<b>P96000079369 PALM SPRINGS CAPITAL CORP. 1800 SUNSET HARBOUR DR., #2 MIAMI BEACH FL 33139</b>	STREET ADDRESS CITY-ST-ZIP
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STAPLE CHECK HERE

CP2E003 (4/03)

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

<b>SIGNATURE: <u>SIG [Signature] JURED</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date <b>8/15/03</b> Daytime Phone # <b>805-532-2900</b>
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