

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 OCT 15 AM 9:01

1. Name of Limited Partnership

1a. DOCUMENT #  
**A98000000272**

WEST CITY PT 95 LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

1166 WEST NEWPORT CENTER DRIVE, SUITE 118  
DEERFIELD FL 33442

1166 WEST NEWPORT CENTER DRIVE, SUITE 118  
DEERFIELD FL 33442

3. Date Formed or Registered

01/28/1998

5a. Capital Contributions as Shown on record.

\$200,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

65-0824524

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$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

BUTTERS, MALCOLM  
1166 WEST NEWPORT CENTER DRIVE, SUITE 118  
DEERFIELD FL 33442

10. If changed, new Registered Agent/Office

Name

200002668352--2

Street Address (P.O. Box Number Is Not Acceptable)

10/20/98-01058-025

Suite, Apt. #, etc.

\*\*\*1052.50 \*\*\*526.25

City

FL

10a. Pursuant to the provisions of sections 620.1051 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

PORT 95 WAREHOUSE, INC.  
WEST CITY PORT 95, INC.

1166 WEST NEWPORT CEN  
3265 MERIDIAN PARKWAY

DEERFIELD FL 33442  
FORT LAUDERDALE FL 33

P98000008923  
P98000026246

**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 629, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Malcolm Buttes

Daytime Telephone Number

9/15/98  
954575811

CR2E003 (8/98)