

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

DOCUMENT # A98000000272

1. Entity Name
WEST CITY PT 95 LIMITED PARTNERSHIP

Principal Place of Business 1166 WEST NEWPORT CENTER DRIVE, SUITE 118 DEERFIELD FL 33442	Mailing Address 1166 WEST NEWPORT CENTER DRIVE, SUITE 118 DEERFIELD FL 33442-7739
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1096 E. Newport Center Drive</i> Suite, Apt. #, etc. <i>Suite 100</i> City & State <i>Deerfield Beach, FL</i>	3. Mailing Address <i>1096 E. Newport Center Drive</i> Suite, Apt. #, etc. <i>Suite 100</i> City & State <i>Deerfield Beach, FL</i>
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4. FEI Number 65-0824524	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUTTERS, MALCOLM 1166 WEST NEWPORT CENTER DRIVE, SUITE 118 DEERFIELD FL 33442	7. Name and Address of New Registered Agent Name <i>Butters, Malcolm</i> Street Address (P.O. Box Number is Not Acceptable) <i>1096 E. Newport Center Drive</i> <i>Suite 100</i> City <i>Deerfield Beach</i> FL Zip Code <i>33442</i>
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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 *4/28/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$200,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	P98000008923 PORT 95 WAREHOUSE, INC. 1166 WEST NEWPORT CENTER DRIVE, SUITE 118 DEERFIELD FL 33442	STREET ADDRESS CITY - ST - ZIP	<i>1096 E. Newport Center Dr. Suite 100</i> <i>Deerfield Beach, FL 33442</i>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P98000026246 WEST CITY PORT 95, INC. 3265 MERIDIAN PARKWAY, SUITE 100 FORT LAUDERDALE FL 33331	STREET ADDRESS CITY - ST - ZIP	<i>1840 N. Commerce Parkway Ste. 3</i> <i>WASTON, FL 33326-42</i>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	000003283230--5 -06/09/00--01090--020 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	

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 REQUIRED** _____ DATE *4/28/00* DAYTIME PHONE # *954/570-8111*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E 001 13/7/00