


2001 UNIFORM BUSINESS REPORT (UBR)

0008070 AF

DOCUMENT # A98000000272

1. Entity Name
WEST CITY PT 95 LIMITED PARTNERSHIP.

FILED
01 APR 27 PM 3: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

**1096 E. NEWPORT CENTER DRIVE, SUITE 100
DEERFIELD BEACH FL 33442** **1096 E. NEWPORT CENTER DRIVE, SUITE 100
DEERFIELD BEACH FL 33442**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0824524** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BUTTERS, MALCOLM
1096 E. NEWPORT CENTER DRIVE, SUITE 100
DEERFIELD BEACH FL 33442**

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.

SIGNATURE  **Malcolm Butters** DATE **4/25/01**

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

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	
DOCUMENT #	P98000008923
NAME	PORT 95 WAREHOUSE, INC.
STREET ADDRESS	1096 E. NEWPORT CENTER DRIVE, SUITE 100
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
DOCUMENT #	P98000026246
NAME	WEST CITY PORT 95, INC.
STREET ADDRESS	1840 N. COMMERCE PARKWAY, SUITE 3
CITY-ST-ZIP	WESTON FL 33326
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004213693--4
CITY-ST-ZIP	-05/11/01--01154--006
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:  **Malcolm Butters** DATE **4/25/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)