

~~APPLICATION FOR~~
~~REINSTATEMENT~~
~~FOR~~
LIMITED PARTNERSHIP
Annual Report 1997
DOCUMENT # **A 98000000424**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership
WEST City M. SQ., Ltd.

2. Mailing Address
610 DAREY KRAMER
1840 N. COMMERCIAL HWY
SUITE 3
WESTON, FL
City & State
Zip Country

3. Principal Office Address
SAME
City & State
Zip Country

4. Date Formed or Registered
To Do Business in Florida **02/16/1998**
5. FEIN Number
65-0812868
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status
7. State or Country of Formation **FL**

8a. Capital Contributions as Shown
on Record **594,000.00**
8b. Amount of Capital Contributions in
FLORIDA to date

FEES: 1.) Filing Fee(s) Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s) \$88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s) \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent
GRAGG, K. LAWRENCE
WHITE & CASE LLP.
200 S. BISCAYNE BLVD., STE 4900
MIAMI, FL 33131

10. If changed, new registered agent/office:
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City State Zip Code
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. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
WEST City M. SQ., Inc.	1840 N. COMMERCIAL HWY. Suite 3	WESTON, FL 33326	P98000013214

600002876326--0
-05/17/99--01006--012
****526.25 ****526.25
5/3/99

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 included 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, duly authorized and empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE **KENNETH H. SIMIGIAN** DATE **5/3/99**
Typed or Printed Name of General Partner Signing Form Telephone Number **904 384-7822**

FILED

99 MAY -6 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E039 (12/98)

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CareyKramer
C O M P A N Y

Real Estate Financing, Sales and Servicing

May 3, 1999

Division of Corporation
Florida Department of State
409 Gaines Street
Tallahassee, FL 32314

Re: A96000001791 West City Partners, Ltd., and
A98000000424 West City M. SQ., Ltd.

Dear Sirs:

Enclosed please find replacement checks number 3182 and 3183 in the amount of \$526.25 respective, representing annual report fees for the above mentioned entities.

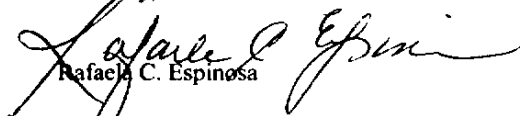
I spoke with your office this today upon receipt of the Certificate of Revocation and they informed me that although I had filed 5 different limited partnership returns together, that two of the partnership checks were returned to our office for insufficient fees. I informed them that I had not received the returned checks or the notice informing me that the amount enclosed was incorrect.

We recently moved to the present address and have been battling with the local post office because we receive everyone's mail except for ours. The Weston post office is a fairly new post office, we have complained to various times as well as other tenants in our area to no avail. The biggest problem we have is that we do not have a postman assigned to our area and every day is a different person, who apparently does not take his job too seriously.

Under the circumstances, I hereby kindly request that you make a one-time exception in our case and wave the additional fees to reinstate the partnership.

Thank you for your kindness in this matter. If you have any questions, please call me at (954) 389-7822.

Sincerely,


Rafael C. Espinosa
Enclosures