


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 31 PM 3:35

DOCUMENT # A98000000927 1. Entity Name WEST FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1511 HERMITAGE LANE CAPE CORAL, FL 33914-8042	Mailing Address 1511 HERMITAGE LANE CAPE CORAL, FL 33914-8042
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2. Principal Place of Business - No P.O. Box # 3414 Hancock Bridge Pkwy Suite, Apt. #, etc. #PH3E City & State Fort Myers, FL Zip 33903 Country USA	3. Mailing Address 3414 Hancock Bridge Pkwy Suite, Apt. #, etc. #PH3E City & State Fort Myers, FL Zip 33903 Country USA
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02072008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0832176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EMERICH, GUY S ESQ. 99 NESBIT STREET PUNTA GORDA, FL 33950	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. 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.

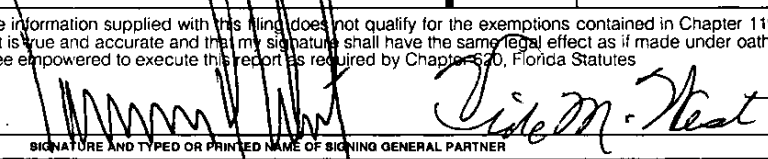
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 WEST, JAMES D 1511 HERMITAGE LANE CAPE CORAL, FL 339148042	STREET ADDRESS CITY-ST-ZIP 3414 Hancock Bridge Parkway #PH3E Fort Myers, FL 33903
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP WEST, VIOLA M 1511 HERMITAGE LANE CAPE CORAL, FL 339148042	STREET ADDRESS CITY-ST-ZIP 3414 Hancock Bridge Parkway #PH3E Fort Myers, FL 33903
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200121350607
 03/26/08-01033--014 **500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE