

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000927

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Entity Name:** WEST FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3414 HANCOCK BRIDGE PKWY PH3E  
PH3E  
FT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

3414 HANCOCK BRIDGE PKWY PH3E  
PH3E  
FT MYERS, FL 33903

**New Mailing Address:**

**FEI Number:** 65-0832176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EMERICH, GUY S ESQ.  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: WEST, JAMES D  
Address: 3414 HANCOCK BRIDGE PKWY PH3E  
City-St-Zip: FT MYERS, FL 33903

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: WEST, VIOLA M  
Address: 3414 HANCOCK BRIDGE PKWY PH3E  
City-St-Zip: FT MYERS, FL 33903

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: VIOLA M WEST

\_\_\_\_\_  
Electronic Signature of Signing General Partner

03/31/2012

\_\_\_\_\_  
Date