

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # A98000001726

1. Entity Name
WESTON OFFICE PROPERTIES, LTD.



Principal Place of Business
2600 GLADES CIRCLE, SUITE 100
WESTON, FL 33327

Mailing Address
C/O JEROME STERN
1920 E. HALLANDALE BEACH BLVD., STE. 906
HALLANDALE, FL 33009



03082007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0850589

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KORN, GARY A
20801 BISCAYNE BLVD., SUITE 501
AVENTURA, FL 33180

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

Signature, typed or printed name of registered agent and title if applicable.

0600000692350

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

04/13/07-80048-004 500.00

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

DOCUMENT # P97000087512
NAME WESTON CENTER, INC.
STREET ADDRESS 2600 GLADES CIRCLE, SUITE 100
CITY-ST-ZIP WESTON, FL 33327

DOCUMENT # P98000057346
NAME A&J WESTON OFFICE GP, INC.
STREET ADDRESS 1920 E. HALLANDALE BEACH BLVD., STE. 906
CITY-ST-ZIP HALLANDALE, FL 33009

DOCUMENT #
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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

A&J WESTON OFFICE GP, INC.
BY: ARTHUR E. LIPSON, Pres. 4/4/07

(954) 454-1114

STAPLE CHECK HERE