

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 21, 2008 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**



02122008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

DATE

**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

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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U00000866593
04/08/08-80035-021-500.00

**DO NOT WRITE
IN THIS SPACE**

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 #

ARTIST WESTON OFFICE GP INC
BY: ARTHUR E. LIPMAN, PRES 3/18/08 (954) 454-1111

STAPLE CHECK HERE