## FILED A98000002478 DOCUMENT # 02 FEB 15 PM 2: 40 1. Entity Name SECRETARY OF STATE WEST LAKE SUPERCENTER PARTNERS, LTD. TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 1551 SANDSPUR ROAD P.O. BOX 4961 MAITLAND FL 32751 ORLANDO FL 32802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Applied For City & State City & State 4. FEI Number 59-3637163 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **B&C CORPORATE SERVICES OF CENTRAL FL, INC.** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO FL 32801 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$50.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P98000086874 DOCUMENT # 600004961826--1 STREET ADDRESS WEST LAKE SUPERCENTER GP, INC. NAME <del>02/20/62 - 01072 - 894</del> 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP \*\*\*\*141.25 \*\*\*\*141.25 MAITLAND FL 32751 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:** 

M SIGNATURE AND TYPED OR PHINTED NAME O

CR2E003 (9/01)