2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 23, 2004 08:00 AM Secretary of State

DOCUMENT # A98000002478 1. Entity Name WEST LAKE SUPERCENTER PARTNERS, LTD.					cretary or state
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751	Mailing Address P.O. BOX 4961 ORLANDO, FL 32802				
Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt #, etc	a, Apt. #, etc		03252004 Chg-LP	CR2E003 (10/03)
City & State	City & State	City & State		4. FEI Number 59-3637163	Applied For Not Applicable
Zip Country	Zip	Zip Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Addre	ss of Current Registered Agent			7. Name and Address of New F	Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO, FL 32801			Name Street Address (I	P.O. Box Number is Not Acceptabl	e)
ORLANDO, FL 32001		Ī			
			City		FL Z-p Code
The above named entity submits the the obligations of registered agent	s statement for the purpose of changing its	registere	d office or register	ed agent, or both, in the State of Fl	orida. I am familiar with, and accept
SIGNATURE Signature Typed or printed name	of registered agent and file if applicable				DATE
9. Capital Contributions as Shown on record \$50.00	10. Amount of Capit in FLORIDA to di		outions		
	PARTNER THAT IS A BUSINESS EN Partners MAY NOT be changed on t				
	RAL PARTNER INFORMATION	13.	, an amendiner		ANGES ONLY
DOCUMENT # P98000086874 NAME WEST LAKE SUPERCENTER GP, INC. STREET ADDRESS 1551 SANDSPUR ROAD		STREE	ET ADDRESS		
CHY SEZIP MAITLAND, FL 327	NY SEZIP MAITLAND, FL 32751		-ST-ZIP		
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14. I hereby certify that the informatic indicated on this report is true and the receiver or trustee empowere By! WEST SIGNATURE:	n supplied with this filling does not qualify for d accurate and that my signature shall have d to execute his report as required by Char	or the exe e the same pter 620. I	mption stated in Se e legal effect as if r Florida Statutes	ection 119 07(3)(i), Florida Statutes nade under oath, that I am a Gene genewl partn 4 20 04	I further certify that the information ral Partner of the limited partnership or 407/741-8700
SIGNAY	IRE AND TYPED OR PRINTED NAME OF SIGNING GENER ICHAEL J. SCIARR			Cale	Daytime Phone #