

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A98000002478

1. Entity Name
 WEST LAKE SUPERCENTER PARTNERS, LTD.



FILED

06 MAY -1 PM 1:23

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business
 875 CONOURSE PKWY, S
 SUITE 150
 MAITLAND, FL 32751

Mailing Address
~~P.O. BOX 4961~~
 ORLANDO, FL 32802



2. Principal Place of Business
 1053 MAITLAND CENTER COMMONS

Suite, Apt. #, etc.
 Suite 200

City & State
 Maitland, FL

Zip
 32751

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip

Country

04282006 Chg-LP CR2E003 (11/05)

4. FEI Number
 59-3637163

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BURNS, THOMAS R~~
~~875 CONOURSE PKWY, S~~
~~SUITE 150~~
~~MAITLAND, FL 32751~~

7. Name and Address of New Registered Agent

Name **BERRY WALKER**
 Street Address (P.O. Box Number is Not Acceptable)
 1053 MAITLAND CENTER COMMONS
 SUITE 200
 MAITLAND FL 32751

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]* **BERRY WALKER**

4/28/2006
 DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # P98000086874
 NAME WEST LAKE SUPERCENTER GP, INC.
 STREET ADDRESS 1051 SANDSPUR ROAD
 CITY-ST-ZIP MAITLAND, FL 32751

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1053 Maitland Center Commons #200
 CITY-ST-ZIP Maitland, FL 32751

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS 300075027573
 CITY-ST-ZIP 05/22/06-01043-016 ***1000.00

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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]* **BERRY WALKER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/2006 407-478-1866
 DATE Daytime Phone #

STAPLE CHECK HERE