


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**  
**Sep 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000822**

1. Entity Name  
**WESTSIDE CENTER, LTD.**



Principal Place of Business: **9921 WEST OKEECHOBEE ROAD, #126-A HIALEAH, FL 33016**

Mailing Address: **8165 NW 155 ST MIAMI LAKES, FL 33016**

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country



08162004 Chg-LP CR2E003 (10/03)

4. FEI Number: **65-0952531** Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

**FERRO, MARIO JR.**  
**9921 WEST OKEECHOBEE ROAD, #126-A HIALEAH, FL 33016**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

City: \_\_\_\_\_ **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **8/23/04**

9. Capital Contributions as Shown on record: **\$6,930,100.00**

10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_

**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 |                       | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|-----------------------|--------------------------|--|
| DOCUMENT #                      | P98000048200          | STREET ADDRESS           |  |
| NAME                            | WESTSIDE CENTER, INC. | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 8165 N.W. 155 ST.     |                          |  |
| CITY-ST-ZIP                     | MIAMI LAKES, FL 33016 |                          |  |
| DOCUMENT #                      |                       | STREET ADDRESS           |  |
| NAME                            |                       | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                       |                          |  |
| CITY-ST-ZIP                     |                       |                          |  |
| DOCUMENT #                      |                       | STREET ADDRESS           |  |
| NAME                            |                       | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                       |                          |  |
| CITY-ST-ZIP                     |                       |                          |  |
| DOCUMENT #                      |                       | STREET ADDRESS           |  |
| NAME                            |                       | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                       |                          |  |
| CITY-ST-ZIP                     |                       |                          |  |

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* DATE: **8/23/04** 305-822-6800 Daytime Phone #