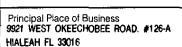
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

		
DOCUMENT #	A9900000	822

1. Entity Name WESTSIDE CENTER, LTD.



Mailing Address 9921 WEST OKEECHOBEE ROAD. #126-A HIALEAH FL 33016



FILED 93 JAN 17 AM 10: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address 8/65 NW 155 57.										
					. 					
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2003					
City & State City & State Hill, II LAIL:			IL E			4. FEI Number 65-0952531	Applied For Not Applicable			
Zip					intry				8.75 Additional	
	6. Name	and Address of Curre		===		-	7. Name and Address of New Re	gistered A	gent	
FERRO, MARIO JR.				Name Street Address (P.O. Box Number is Not Acceptable)						
9921 WES	SI OKEECH	IOBEE ROAD, #126-/	A		Street Address (F.O. Box Number is Not Acceptable)					
HIALEAH	FL 33016							,		
					City			FL	Zip Code	
8. The above the obligat	named entity tions of regist	y sylomits this statement ered agent	for the purpose of changing its	register	ed office or re	egister	ed agent, or both, in the State of Flori			
SIGNATURE	Signature broad	d printed particular printered and	ent and title if applicable					- 9 - 9	<u>~</u>	
9. Capital Contributions as Shown on record. \$6,930,100.00 10. Amount of Capital Contributions in FLORIDA to date.					<u> </u>	11. MAKE CHECK	PAYABLE T	O FL. DEPT. OF STATE		
	A (GENERAL PARTNER : General Partners I	R THAT IS A BUSINESS EN	TITY M	IUST BE RI	EGIST dmen	TERED AND ACTIVE WITH THIS t must be filed to change a gen	OFFICE.		
12.		GENERAL PARTN	IER INFORMATION	13.			ADDRESS CHAP	IGES ONL	Y	
DOCUMENT # NAME	P98000048200 WESTSIDE CENTER, INC. 9921 WEST OKEECHOBEE ROAD, #126-A HIALEAH FL 33016		STR	EET ADDRESS	8	165 N.W. 1	55.	S7.		
STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP	11/	IBS N.W. I	<u> </u>	1. 9301		
DOCUMENT # NAME				STRI	EET ADDRESS			•		
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP					
DOCUMENT # NAME				STRI	EET ADDRESS	·		- —		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		40001018 01/17/03010390)02 **	\$52 6. 25	
DOCUMENT # NAME				STRE	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		``			
DOCUMENT # NAME				STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP					
DOCUMENT # NAME				STRE	EET ADDRESS				·	
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP				· ·	

14. I hereby 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:

302- 835-6837