DOCUMENT #  1. Entity Name	A9900000194	14	e ebe u e	heart.	
WEST CITY ONE FINANCIA	l Plaza, LTD.	٠		FILED	
Principal Place of Business C/O CAREY, KRAMER COMPANY-SO 1840 N. COMMERCE PARKWAY, SUR WESTON FL 33326		Kramer Company-South Merce Parkway, Suite :	, ბ⊏	SEP 1.4 PM 12: 17 CRETARY OF STATE LAHASSEE FLORIDA	
2. Principal Place of Business	3. Mailing Addr	Iress		I (BOIOI) IBIO IDIAO NAKII QBIII DONII BOKII BOJII DONIA KALA ILBIB IBIII	81811 8181 1881
Suite, Apt. #, etc.	Suite, Apt. #,	, etc.		DUE BY SEPTEMBER 26, 2001	
City & State	City & State			0071990000	applied For lot Applicab
Zip Countr	ry Zip	Country		5. Certificate of Status Desired	
6. Name and Add	iress of Current Registered Agent			7. Name and Address of New Registered Agent	
SIMIGRAN, KENNETH			me =	<del></del>	
C/O CAREY, KRAMER COMPANY-SOUTH FLORIDA 1840 N. COMMERCE PARKWAY, SUITE 3 WESTON FL 33326		Stre	eet Address (P.	O. Box Number is Not Acceptable)	
		City	/	FL Zip Coo	de
Signature, typed or printed na	me of registered agent and title if applicable.	(NOTE: Registered Agent	signature required w	hen reinstating) DATE	
9. Capital Contributions as Shown on record.  Signature, typed or printed national states as \$3, as Shown on record.	.536,760.00 10. Amour in FLC	unt of Capital Contribution DRIDA to date. NESS ENTITY MUST	S BE REGISTE	11. MAKE CHECK PAYABLE TO DEPT. SEE REVERSE SIDE FOR FEE INFO ERED AND ACTIVE WITH THIS OFFICE.	
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Increby certify that the information supplied with this filling 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

GNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE: