

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 11 PM 3:57

**DOCUMENT # B01000000210**

1. Entity Name  
 SJS - WEST PALM BEACH, L.P.



Principal Place of Business  
 5101 NW 21ST AVE.  
 SUITE 345  
 FORT LAUDERDALE, FL 33309

Mailing Address  
 5101 NW 21ST AVE.  
 SUITE 345  
 FORT LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032008

Chg-LP

CR2E003 (12/06)

4. FEI Number  
 20-3436620

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SANTOLLA, STEVEN A  
 5101 NW 21ST AVENUE  
 #300  
 FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name Steven A. Santolla  
 Street Address (P.O. Box Number is Not Acceptable) 5101 N.W. 21st Ave  
Sfe #345  
 City Fort Lauderdale FL Zip Code 33309

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 Steven A Santolla

Signature, typed or printed name of registered agent and title if applicable.

Steven A Santolla 3/21/08

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

000122865220  
 04/10/08--01002--030 \*\*500.00

**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 # P05000115953  
 NAME METROCENTRE GP, INC.  
 STREET ADDRESS 5101 NW 21ST AVENUE #345  
 CITY-ST-ZIP FORT LAUDERDALE, FL 33309

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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DOCUMENT #

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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: Steven A Santolla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE