

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 26 PM 2: 20



1. Name of Limited Partnership

1a. DOCUMENT #
B96000000388

DUE WEST VENTURES, LIMITED

Mailing Address

~~1502 FARRINDON CIRCLE~~
~~HEATHROW FL 32746~~

Principal Office Address

813 MOORE AVENUE
PORTLAND TX 78374

3. Date Formed or Registered

10/02/1996

3a. Date of Last Report

03/05/1997

4. State or Country of Formation

TX

5a. Capital Contributions as
Shown on record:

\$2,000.00

5b. Amount of Capital
Contributions in FL OR (DA
to date:

2000-

2. Mailing Address

SSS Masalo Place
Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Lake Mary, FL
Zip 32746 Country USA

City & State

Zip

Country

6. FE# Number

74-2794457

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

WEST, DAVID L
C/O DUE WEST ENTERPRISES, INC.
~~1502 FARRINDON CIRCLE~~
~~HEATHROW FL 32746~~

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

SSS Masalo Place
Suite, Apt. #, etc.

City

Lake Mary

FL

Zip Code

32746

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

DUE WEST ENTERPRISES, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

~~1502 FARRINDON CIRCLE~~
SSS Masalo PL

11b. City, State & Zip Code

~~HEATHROW FL 32746~~
Lake Mary, FL
32746

11c. Registration/
Document Number

F96000005177

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-01/03/98--01032--023
****156.25 ****156.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

David West

- Pres. DWE, Inc.

DATE

12/22/97

Typed or Printed Name of General Partner Signing Form

David West

Daytime Telephone Number

904-774-2424

CR2003 (5/97)