

FILE ON ~~OR BEFORE~~ DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 SEP 14 PM 3:07

1. Name of Limited Partnership

1a. DOCUMENT #  
B98000000305

WEST CITY POINTE WEST COMMERCE I LIMITED  
PARTNERSHIP



Mailing Address

1166 WEST NEWPORT CENTER DRIVE, SUITE 118  
DEERFIELD BEACH FL 33442

Principal Office Address

1166 WEST NEWPORT CENTER DRIVE, SUITE 118  
DEERFIELD BEACH FL 33442

3. Date Formed or Registered

05/13/1998

5a. Capital Contributions as  
Shown on record.

\$2,610,000.00

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date.

4. State or Country of Formation

DE

6. FEI Number

☒ 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

BAYNE, SHAWN ESQ  
200 EAST BROWARD BOULEVARD, SUITE 1900  
FORT LAUDERDALE FL 33301

10. If changed, new Registered Agent/Office

Name

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

300002640743--4

Suite, Apt. #, etc.

09/16/98-01039-026

City

\*\*\*1052.50 \*\*\*526.25

FL

Zip Code

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)

WEST CITY POINTE WC I LIMITE

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

1166 WEST NEWPORT CEN

11b. City, State & Zip Code

DEERFIELD BEACH FL 33

11c. Registration/  
Document Number

A98000001179

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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

9/5/98  
9546708111

CR2E003 (8/98)