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OCLIN	/ENT#	DC)))EO		

DOCOMENT#	B99000000259
1. Entity Name	

WSG WEST COLONIAL, L.P.

Principal Place of Business

Mailing Address

1500 SAN REMO AVENUE. SUITE 185 **CORAL GABLES FL 33146**

1500 SAN REMO AVENUE. SUITE 185 **CORAL GABLES FL 33146**

2. Principal Place of Business	3. Mailing Address
400 Arthur Godfrey Roud	400 Arthur Godfrey Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#-506	# 506
City & State	City & State
mouni Benj Florida	miumi Rench Florida

FILED

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SECRETARY OF STATE ASSEE, FLORIDA

Suite, Apt. #, etc.		Suite, Apt. #, etc. # TUL			DO NOT WRITE IN THIS SPACE			
City & State	. Fiorida	City & State Milhmi Bene	L FI	oridu	4. FEI Number 52-2106120)	Applied For Not Applicable	
Zip 33140	Country ロ§中	^{Zip} 33/40	Coun	try IA	5. Certificate of Status Desired	×	\$8.75 Additional Fee Required	
6. Name	and Address of Curre	nt Registered Agent			7. Name and Address of New	Registere	d Agent	
CORPORATION SERVICE 1201 HAYS STREET	ICE COMPANY			Name Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
TALLAHASSEE FL 32	301-2525			City		F	Zip Code	

Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record.

\$2,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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.

(NOTE: Registered Agent signature required when reinstating)

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #	P99000055394 WSG WEST COLONIAL G.P. INC.	STREET ADDRESS	400 Arteur Godfry Roug
STREET ADDRESS CITY-ST-ZIP	1500 SAN REMO AVENUE, SUITE 185 CORAL GABLES FL 33146	CITY-ST-ZIP	Minmi Beach Florida 33140
DOCUMENT # NAME		STREET ADDRESS	0000041620402 -05/08/0101068005
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	****150.00 ****150.00
DOCUMENT # NAME		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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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: