
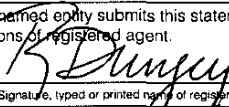
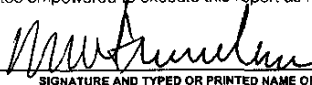


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**08 MAR 18 AM 8:10**

|  |                              |  |  |   |
|--|------------------------------|--|--|---|
| <b>DOCUMENT # A0100000470</b>  |                              |  |  |                |
| 1. Entity Name<br><b>WESTMOUNT FINANCIAL LIMITED PARTNERSHIP</b>   |                              |  |  |   |
| Principal Place of Business<br><b>4500 PGA BOULEVARD,<br/>SUITE 303 B<br/>PALM BEACH GARDENS, FL 33418</b>   |                              | Mailing Address<br><b>4500 PGA BOULEVARD,<br/>SUITE 303 B<br/>PALM BEACH GARDENS, FL 33418</b> |  |   |
| 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  | 4. FEI Number<br><b>06-1608884</b>  |
|  |                              |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |
|  |                              |  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
| 6. Name and Address of Current Registered Agent  |                              |  | 7. Name and Address of New Registered Agent        |   |
| <b>GREENWOOD, MARK W<br/>7767 NAPLES HERITAGE DRIVE<br/>NAPLES, FL 34112</b>   |                              |  | Name<br><b>Dungey, Richard J.</b>                  |   |
|  |                              |  | Street Address (P.O. Box Number is Not Acceptable) |   |
|  |                              |  | <b>3473 SE Willoughby Blvd.</b>                    |   |
|  |                              |  | City<br><b>Stuart</b>                              | FL Zip Code<br><b>34994</b>   |
| 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   |                              |  | DATE<br><b>3-10-08</b>                             |   |
| Signature, typed or printed name of registered agent and title if applicable   |                              |  | DATE   |   |
| <b>FILE NOW!!! FEE IS \$500.00<br/>After May 1, 2008, Fee will be \$900.00</b>   |                              |  |  |   |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.<br/>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                              |  |  |   |
| 12. GENERAL PARTNER INFORMATION  |                              |  | 13. ADDRESS CHANGES ONLY                           |   |
| DOCUMENT #   | G97196000159                 |  | STREET ADDRESS                                     |   |
| NAME   | MONARCH TRUST                |  | CITY-ST-ZIP  |   |
| STREET ADDRESS   | 4500 PGA BLVD. SUITE 303-B   |  |  |   |
| CITY-ST-ZIP  | PALM BEACH GARDENS, FL 33418 |  |  |   |
| DOCUMENT #   |                              |  | STREET ADDRESS                                     |   |
| NAME   |                              |  | CITY-ST-ZIP  |   |
| STREET ADDRESS   |                              |  |  |   |
| CITY-ST-ZIP  |                              |  |  |   |
| DOCUMENT #   |                              |  | STREET ADDRESS                                     |   |
| NAME   |                              |  | CITY-ST-ZIP  |   |
| STREET ADDRESS   |                              |  |  |   |
| CITY-ST-ZIP  |                              |  |  |   |
| DOCUMENT #   |                              |  | STREET ADDRESS                                     |   |
| NAME   |                              |  | CITY-ST-ZIP  |   |
| STREET ADDRESS   |                              |  |  |   |
| CITY-ST-ZIP  |                              |  |  |   |
| DOCUMENT #   |                              |  | STREET ADDRESS                                     |   |
| NAME   |                              |  | 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:    |                              |  | DATE: <b>3-9-08</b> (501) 224-8770                 |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |                              |  | Date Daytime Phone #                               |   |



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