


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**


FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 MAR 31 AM 9:58

<b>DOCUMENT # A02000001073</b> 1. Entity Name WESTPOINT UNITED (CENTER), LTD.	
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Principal Place of Business 7777 GLADES ROAD, SUITE 201 BOCA RATON, FL 33434 US	Mailing Address 7777 GLADES ROAD, SUITE 201 BOCA RATON, FL 33434 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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03102004	Chg-LP
CR2E003 (10/03)	
4. FEI Number APPLIED FOR 22-3867486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  CROWE, MELISSA 7777 GLADES ROAD SUITE 201 BOCA RATON, FL 33434	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right">FL</span> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$0:00	10. Amount of Capital Contributions in FLORIDA to date.
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L02000021659	STREET ADDRESS	
NAME	WDC GP LLC	CITY-ST-ZIP	
STREET ADDRESS	7777 GLADES ROAD, SUITE 201		
CITY-ST-ZIP	BOCA RATON, FL 33434		
DOCUMENT #		STREET ADDRESS	100032748331
NAME		CITY-ST-ZIP	04/14/04 01042 015 **141.25
STREET ADDRESS			
CITY-ST-ZIP			
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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 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: Melissa Crowe      3/26/04      (561) 483-2330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

Melissa Crowe

STAPLE CHECK HERE