

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A0300000459
 1. Entity Name
WESTIE INTELLECTUAL PROPERTIES LIMITED PARTNERSHIP



Principal Place of Business
2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431

Mailing Address
2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

FILED
 04 MAY 18 AM 10:33
 TALLAHASSEE SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04302004 Chg-LP CR2E003 (10/03)

4. FEI Number
Applied for Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCIARRETTA, STEVEN A ESQ
2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. **\$50,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
L01000002965	WESTIE MANAGEMENT LLC	2300 GLADES ROAD, SUITE 302-EAST	BOCA RATON, FL 33431

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP

100037302481
 05/25/04 01068 011 **4123.75

Handwritten signature and date: 4/30/04

STAPLE CHECK HERE

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: _____ **4/30/04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #