

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001304

1. Entity Name
PORTOFINO AT WESTPARC, LTD.



Principal Place of Business
3700 34TH ST, STE 300
ORLANDO, FL 32805

Mailing Address
3700 34TH ST, STE 300
ORLANDO, FL 32805

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01132005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3748473

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

6. Name and Address of Current Registered Agent
HARB, A. TOM
3700 34TH ST, STE 300
ORLANDO, FL 32805

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. **\$610,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000094330	STREET ADDRESS	
NAME	HARB PORTOFINO GP, INC.	CITY - ST - ZIP	
STREET ADDRESS	3700 34TH STREET		
CITY - ST - ZIP	ORLANDO, FL 32805		
DOCUMENT #	L00000007426	STREET ADDRESS	
NAME	WEST PARK CENTER, LLC	CITY - ST - ZIP	
STREET ADDRESS	1548 THE GREEN WAY #3		
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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)(f), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Day/Time Phone # _____

1-18-05 407 422 4272