I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

VP

SIGNATURE: CARLOS LUNA

Electronic Signature of Signing General Partner Detail

2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A0100000470

Entity Name: WESTMOUNT FINANCIAL LIMITED PARTNERSHIP

Current Principal Place of Business:

3710 BUCKEYE STREET SUITE 100 PALM BEACH GARDENS, FL 33410

Current Mailing Address:

3710 BUCKEYE STREET SUITE 100 PALM BEACH GARDENS, FL 33410

FEI Number: 06-1608884

Name and Address of Current Registered Agent:

CARLOS , LUNA 3710 BUCKEYE STREET SUITE 100 PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: CARLOS LUNA

Electronic Signature of Registered Agent

General Partner Detail :

Document #	F1000001623
Name	CIF, INC.
Address	8937 E. BELL ROAD, #201
City-State-Zip:	SCOTTSDALE AZ 85260

FILED Apr 30, 2018 Secretary of State CC2479666129

Certificate of Status Desired: No

04/30/2018 Date

04/30/2018 Date