## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

## **DUE BY MAY 1, 2004** FILED DOCUMENT # A00000000253 SECRETARY OF STATE 1. Entity Name MDC WESTGATE, LTD. 04 APR 19 PM 2: 11 Mailing Address Principal Place of Business 201 NORTH U.S. HIGHWAY ONE, SUITE D-5 201 NORTH U.S. HIGHWAY ONE, SUITE D-5 JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address 3501 PGA Blvd. 3501 PGA Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) MOORE Suite 201 Suite 201 Applied For City & State City & State 4. FEI Number 65-0981910 Not Applicable Palm Beach Gardens Palm Beach Gardens, FL Country Zio Country \$8.75 Additional Zip 5. Certificate of Status Desired 33410 Palm Beach Fee Required 33410 Palm Beach 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOYLE, CONRAD J Street Address (P.O. Box Number is Not Acceptable) 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE FL 33477 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 Signature, typed or printed name of registered agent and title if applicable. DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$5,000,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. P00000009691 DOCUMENT # STREET ADDRESS 3501 PGA Blvd., Suite 201 MDC WESTGATE CORP. STREET ADDRESS 201 NORTH U.S. HIGHWAY ONE, SUITE D-5 CITY-ST-7IP Palm Beach Gardens, FL 33410 JUPITER FL 33477 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 100035806841 05/10/04--01044--011 \*\*535.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STRFET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-712 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:

FER

CHECK

STAPLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2 -5-04 56/- 232 - 5000 Date Dayline Phone #