## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## FILED Mar 17, 2006 08:00 AM Secretary of State

					CC	
DOCUMENT # A0000002025  t. Entity Name WESTON UNITED LTD.				Secre	etary of State	
}						
7777 GLADI SUITE 201	ce of Business ES ROAD N, FL 33434	Mailing Address 7777 GLADES ROAD SUITE 201 BOCA RATON, FL 33434		1 17 5 18 11 18 11 18 11 11 11 11 11 11 11 11	SS 8838 8848 SEU DOSE UDEL BUIEN BU HEUT	
				02272006 No Chg-LP CR2E003 (11/05)		
DO NOT WRITE IN THIS SPACE				4. FEI Number 65-1070240	Applied For	
} 				5. Certificate of Status Desired	\$8.75 Addillonal	
	6. Name and Address of Current	Registered Agent			Fee Required	
SCHMIER, JEFFREY L 7777 GLADES ROAD				DO NOT W	RITE	
SUITE 201 BOCA RATON, FL 33434			IN THIS SPACE			
}						
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 Signsiws, lyoud or printed name of registated agent and title if applicable.					DATE	
FILE NOWILL FEE IS \$500.00					DAIE	
After May 1, 2006, Fee will be \$900.00  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.						
DOCUMENT :	GENERAL PARTNER P00000117156	INFORMATION				
NAM.	WEST GENERAL, INC.					
STRLET ADDRESS CHY-SI ZIP	7777 GLADES ROAD, STE. 201					
DOCUMENT #	BOCA RATON, FL 33434			Landona		
NAME				มูมมูมมูม อกนอดนาก	471446 80054-019 500.00	
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GCTY-SI-ZIP	<u> </u>					
NAME						
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CITY - ST- 7IP				IN THIS SPACE		
DOCUMENT # NAME		1		IN ITIS SP	HUE	
STREET ADDRESS						
CHY-ST-ZIP						
DOCUMENT #		1				
nanal Sibeet address :						

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 520, Florida Statutes

SIGNATURE: S'GNATUR AND TYPED OR PRINTED HAME OF SIGNING DENERAL PARTNE

CITY ST ZIP

GCCGMENT (

NAME

STREET ADDRESS

CITY-ST-ZIP

Melissa Crowe 3-1-06

(56)483-233