2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

2005 MAY -2 AM 10: 27 DOCUMENT # A0100000280 SECRETARY OF STATE TALLAHASSEE, FLORIDA WESTIE LIMITED PARTNERSHIP Principal Place of Business Mailing Address 2300 GLADES ROAD, SUITE 302E 2300 GLADES ROAD, SUITE 302E BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-LP CR2E003 (10/03) City & State Applied For City & State 4. FEI Number 65-1077926 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WESTIE MANAGEMENT LLC Street Address (P.O. Box Number is Not Acceptable) 2300 GLADES RD., #302-EAST BOCA RATON, FL 33431 City Zip Code 8. The above named entity submits this systement for the purpose of changing its registered office or registrated agent, or both, in the State of Florida. Lam the obligations of registered agent. amiliar with, and accept Signature, typed of pri me of registered agent and title it applicable 9. Capital Contributions 10. Amount of Capital Contributions \$100,000.00 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 12. 13. DOCUMENT # L01000002965 STREET ANDRESS WESTIE MANAGEMENT LLC NAME STREET ADDRESS 2300 GLADES ROAD, SUITE 302E CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT 4 STREET ADDRESS 05/10/05--01090--01 HAME 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-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY+\$1-ZIP CITY-ST-ZIP щ STAPL DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 limit of partnership or the receiver or trustee explowered to receive this report as required by Chapter 620, Florida Statutes

Date

FILED