## 2005 LIMITED PARTNERSHIP ANNUAL REPORT

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SIGNATURE:

FILED **Due By May 1, 2005 DOCUMENT # A01000001098** 2005 APR 25 PM 12: 20 WESTCITY PALMETTO PARK, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 150 E. PALMETTO PARK ROAD, #401 150 E. PALMETTO PARK ROAD, #401 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address PLEASE NOTE OUR NEW ADDRESS: Suite, Apt. #, etc. Suite, Apt. #, etc. 03302005 Chg-LP CR2E003 (10/03) <del>120 E. PALMETTO PARK ROAD</del> City & State 4. FEI Number Applied For **SUITE 410** 65-1134094 Not Applicable Zip Country BOÇARATON, FL 33432 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PLEASE NOTE OUR NEW ADDRESS. SIMIGRAN, KENNETH H 150 E. PALMETTO PARK ROAD, #401 Street Address (P.O. Box Number is Not Acceptable)
120 E. PALMETTO PARK ROAD BOCA RATON, FL 33432 SUITE 410 City BOCA RATON, FL 33432 Zip Code (561) 304-7400 or reclistered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above name his statement for the purpose of changing its registered office the obligation SIGNATURE ed agent and title if applicable 9. Capital Contribution: 10. Amount of Capital Contributions \$3,900,000.00 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 12. 13. ADDRESS CHANGES ONLY L01000013418 DOCUMENT # STREET ADORESS WESTCITY PALMETTO PARK, LLC PLEASE NOTE OUR NEW ADDRESS: STREET ADDRESS 150 E. PALMETTO PARK ROAD, #401 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 DOCUMENT # 120 E. PALMETTO PARK ROAD STREET ADDRESS NAME SUITE 410 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON, FL 33432** DOCUMENT # (561) 394-7400 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 00005434881<u>0</u> 05/13/05--01003--005 \*\*526,25 STREET ADDRESS CITY-57-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY SY 7IP 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

RINDED NAME OF GIGNING GENERAL PARTNER

Date

Daytime Phone #

SIGNATURE AND TYPED OR