


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000836 1. Entity Name H WESTON REALTY, LTD.					
Principal Place of Business 450 EAST LAS OLAS BLVD. SUITE 1500 FT. LAUDERDALE, FL 33301			Mailing Address 450 EAST LAS OLAS BLVD. SUITE 1500 FT. LAUDERDALE, FL 33301		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 06-1667914				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVE. SUITE 2800 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ <small>Signature: Typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$2,511,628.00			10. Amount of Capital Contributions in FLORIDA to date. 2,511,628.00		
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	450 EAST LAS OLAS BLVD.		CITY-ST-ZIP		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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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: _____			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		
Date			Daytime Phone #		



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