


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
May 06, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # A02000001036</b> 1. Entity Name <b>WESTPOINT BUSINESS PARK, LTD</b>					
Principal Place of Business <b>1096 EAST NEWPORT CENTER DRIVE STE. 100</b> <b>DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>1096 EAST NEWPORT CENTER DRIVE STE. 100</b> <b>DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>54-2065884</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BUTTERS, MALCOLM</b> <b>1096 EAST NEWPORT CENTER DRIVE STE. 100</b> <b>DEERFIELD BEACH, FL 33442</b>			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.			DATE		
9. Capital Contributions as Shown on record. <b>\$1,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L02000018965		STREET ADDRESS		
NAME	WESTPOINT BUSINESS PARK, LLC		CITY - ST - ZIP		
STREET ADDRESS	1096 EAST NEWPORT CENTER DRIVE STE. 100				
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442				
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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					
<b>SIGNATURE:</b>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>Malcolm Butters</b>		
			Date <b>4/28/05</b>		
			Daytime Phone # <b>954-570-8111</b>		



04182005 Chg-LP CR2E003 (10/03)

4. FEI Number  
54-2065884

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions 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.

12. GENERAL PARTNER INFORMATION  
 DOCUMENT # L02000018965  
 NAME WESTPOINT BUSINESS PARK, LLC  
 STREET ADDRESS 1096 EAST NEWPORT CENTER DRIVE STE. 100  
 CITY - ST - ZIP DEERFIELD BEACH, FL 33442

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SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Malcolm Butters**  
 Date **4/28/05**  
 Daytime Phone # **954-570-8111**

STAPLE CHECK HERE