


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

**FILED**

**06 MAY -1 PM 1:20**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # A02000001036</b>                 |  |  |
| 1. Entity Name<br>WESTPOINT BUSINESS PARK, LTD |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>1096 EAST NEWPORT CENTER DRIVE STE. 100<br>DEERFIELD BEACH, FL 33442 | Mailing Address<br>1096 EAST NEWPORT CENTER DRIVE STE. 100<br>DEERFIELD BEACH, FL 33442 |
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|---|---|
| 2. Principal Place of Business<br>6820 LYONS TECHNOLOGY CIRCLE<br>Suite, Apt. #, etc.<br>#100<br>City & State<br>COCONUT CREEK, FL.<br>Zip<br>33073<br>Country<br>USA | 3. Mailing Address<br>6820 LYONS TECHNOLOGY CIRCLE<br>Suite, Apt. #, etc.<br>#100<br>City & State<br>COCONUT CREEK, FL.<br>Zip<br>33073<br>Country<br>USA |
|---|---|



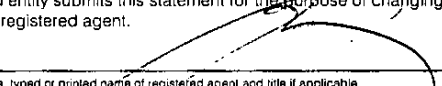
03072006 Chg-LP CR2E003 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>54-2065884 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>BUTTERS, MALCOLM<br>1096 EAST NEWPORT CENTER DRIVE STE. 100<br>DEERFIELD BEACH, FL 33442 |  |
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|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>6820 LYONS TECHNOLOGY CIRCLE, #100<br>City<br>COCONUT CREEK FL Zip Code<br>33073 |  |
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| 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<br><br>Signature, typed or printed name of registered agent and title if applicable.   | M. BUTTERS<br>04/28/06<br>DATE |

**FILE NOW!!! FEE IS \$500.00**  
**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.**

| 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               |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |

| 13. ADDRESS CHANGES ONLY |                                    |
|--------------------------|------------------------------------|
| STREET ADDRESS           | 6820 LYONS TECHNOLOGY CIRCLE, #100 |
| CITY-ST-ZIP              | COCONUT CREEK, FL. 33073           |
| STREET ADDRESS           |                                    |
| CITY-ST-ZIP              |                                    |
| STREET ADDRESS           |                                    |
| CITY-ST-ZIP              |                                    |
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| CITY-ST-ZIP              |                                    |
| STREET ADDRESS           |                                    |
| CITY-ST-ZIP              |                                    |

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| 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 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 |  |
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|   |                                |                                 |
|---|--------------------------------|---------------------------------|
| SIGNATURE:<br><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | M. BUTTERS<br>04/28/06<br>Date | 954-570-8111<br>Daytime Phone # |
|---|--------------------------------|---------------------------------|

STAPLE CHECK HERE