

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A02000001037

1. Entity Name
 WESTPOINT INDUSTRIAL, LTD



FILED

06 MAY -1 PM 2:37

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business
 1096 EAST NEWPORT CENTER DRIVE STE. 100
 DEERFIELD BEACH, FL 33442

Mailing Address
 1096 EAST NEWPORT CENTER DRIVE STE. 100
 DEERFIELD BEACH, FL 33442



2. Principal Place of Business
 6820 LYONS TECHNOLOGY CIRCLE
 Suite, Apt. #, etc.
 # 100
 City & State
 COCONUT CREEK, FL
 Zip
 33073
 Country
 USA

3. Mailing Address
 6820 LYONS TECHNOLOGY CIRCLE
 Suite, Apt. #, etc.
 # 100
 City & State
 COCONUT CREEK, FL
 Zip
 33073
 Country
 USA

03072006 Chg-LP CR2E003 (11/05)

4. FEI Number
 54-2065924

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM
 1096 EAST NEWPORT CENTER DRIVE STE. 100
 DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 6820 LYONS TECHNOLOGY CIRCLE, # 100
 City
 COCONUT CREEK FL Zip Code
 33073

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 *M. BUTTERS* 04/28/06
 Signature, typed or printed name of registered agent and title if applicable. 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 # L02000018975
 NAME WEST INDUSTRIAL, LLC
 STREET ADDRESS 1096 EAST NEWPORT CENTER DRIVE STE. 100
 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

13. ADDRESS CHANGES ONLY

STREET ADDRESS 6820 LYONS TECHNOLOGY CIRCLE, #100
 CITY-ST-ZIP COCONUT CREEK, FL 33073

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 CITY-ST-ZIP

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.

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

STAPLE CHECK HERE