


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # A02000001491		
1. Entity Name WESTWIND PROPERTIES, LTD.		

Principal Place of Business 1982 SR 44 #183 NEW SMYRNA BEACH, FL 32168	Mailing Address 1982 SR 44 #183 NEW SMYRNA BEACH, FL 32168
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

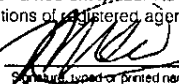


04062007 Chg-LP CR2E003 (12/06)

4. FEI Number 02-0546507	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DODDS, KIMLA M 1982 SR 44 #183 NEW SMYRNA BEACH, FL 32168		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 4/23/07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	DODDS, KIMLA M	STREET ADDRESS	
NAME	1982 SR 44 #183	CITY-ST-ZIP	000000739239
STREET ADDRESS	NEW SMYRNA BEACH, FL 32168		05/14/07-80018-009 500.00
CITY-ST-ZIP			
DOCUMENT #	WALL, MICHAEL	STREET ADDRESS	
NAME	1982 SR 44 #183	CITY-ST-ZIP	
STREET ADDRESS	NEW SMYRNA BEACH, FL 32168		
CITY-ST-ZIP			
DOCUMENT #	WALL, JAMES C	STREET ADDRESS	
NAME	1982 SR 44 #183	CITY-ST-ZIP	
STREET ADDRESS	NEW SMYRNA BEACH, FL 32168		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:  MICHAEL WALL	DATE 4/23/07	386-478-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #

STAPLE CHECK HERE