

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A02000001699

1. Entity Name

WESTGATE MANAGEMENT ASSOCIATES LIMITED  
PARTNERSHIP



FILED

03 MAY 20 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

27300 Riverview Center Blvd.

Suite, Apt. #, etc.

Suite 201

City & State

Bonita Springs, FL

Zip

Country

34134-4316

USA

3. Mailing Address

27300 Riverview Center Blvd.

Suite, Apt. #, etc.

Suite 201

City & State

Bonita Springs, FL

Zip

Country

34134-4316

USA

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

4. FEI Number

56-2314696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jeffrey Kannensohn, Esq.

Street Address (P.O. Box Number is Not Acceptable)

5801 Pelican Bay Blvd.

Suite 300

City

Naples

FL

Zip Code

34108

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

100,000.

10. Amount of Capital Contributions  
in FLORIDA to date.

100,000.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # L02000031920  
NAME Cambridge Management Assoc., LLC  
STREET ADDRESS 27300 Riverview Center Blvd. #201  
CITY-ST-ZIP Bonita Springs, FL 34134

DOCUMENT #  
NAME John  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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300016396543

04/21/03--01058--025 \*\*437.50

300016396543

05/20/03--01056--003 \*\*88.75

**DO NOT WRITE  
IN THIS SPACE**

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

4/10/03 239-992-8940

Date

Daytime Phone #

CR2E003B (12/02)