


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000000058 1. Entity Name WESTPOINT UNITED (INDUSTRIAL II), LTD.	
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Principal Place of Business 7777 GLADES ROAD STE. 201 BOCA RATON, FL 33434	Mailing Address 7777 GLADES ROAD STE. 201 BOCA RATON, FL 33434
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DO NOT WRITE IN THIS SPACE

01162006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 03-0491890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CROWE, MELISSA 7777 GLADES ROAD STE. 201 BOCA RATON, FL 33434
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**DO NOT WRITE
IN THIS SPACE**

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

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 #	L02000021659
NAME	WDC GP LLC
STREET ADDRESS	7777 GLADES ROAD STE. 201
CITY - ST - ZIP	BOCA RATON, FL 33434
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000471442
03/28/06-80054-015 500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Melissa Crowe 31-de (56) 483-2330
Date Daytime Phone #

STAPLE CHECK HERE