

# **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000251

**FILED**  
**Mar 02, 2004**  
**Secretary of State**

**Entity Name:** BILL WEST FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1821 SOUTH KEENE ROAD  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1821 SOUTH KEENE ROAD  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 05-0555917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEST, WILLIAM B  
1821 SOUTH KENNE ROAD  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 3,000,000.00

**Amount of Capital Contributions in Florida to date:** 0.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: BILL WEST FAMILY CORPORATION

Address: 1821 SOUTH KEENE ROAD

City-St-Zip: CLEARWATER, LF 33756

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** WILLIAM B. WEST

GP

03/02/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date