2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 6, 2006 DOCUMENT # A03000000440



SECRETARY OF STATE

1. Entity Nam	1. Entity Name				OF A 12 FOR CHARACTER AT THE				
WEST BLEEKER INVESTMENTS, LTD.					,	06 JUL 18	AM 10: 3	31	
Principal Plac		Mailing Address		500 BR 180	- - 				
13787 PINE FT. MYERS, F	VILLA LANE EL 33912 US	13787 PINE VILLA LANE Ft. Myers, Fl. 33912	us	f		DIZA TUIC DANC WAND MRIN	EDIM FANIL ZPIN ZY	Pir divolo vodilori de 1882	
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07132006	Chg-LP	CR2E003	(11/05)	
City & State		City & State			4. FEI Number APPLIED			Applied For Not Applicable	
Zip	Country	Zip	Count	ry	5. Certificate of	f Status Desired		.75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
GELLER,	GELLER, SCOTT L				Name				
13787 PINE VILLA LANE FT. MYERS, FL 33912				Street Address (P.O. Box Number is Not Acceptable)					
}									
				City			FL	Zip Code	
8. The above the obligation	e named entity submits this stateme tions of registered agent.	nt for the purpose of changing its r	registere	ed affice or registe	red agent, or both	in the State of Flor	ida. I am fami	liar with, and accept	
SIGNATURE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						DATE		
	FIL	E NOW!!! FEE IS \$900.00				1			
}	A GENERAL PARTNI	tember 6, 2006, Fee will R THAT IS A BUSINESS ENT	TITY MI	UST BE REGIS	TERED AND A	CTIVE WITH THE	S OFFICE		
12,	NOTE: General Partners	MAY NOT be changed on the INFORMATION	e form;	; an amendmer	nt must be filed	to change a ge	neral partne	er.	
DOCUMENT / L03000006276				ET ADDRESS		ADDRESS CHA	NGES UNLY		
NAME STREET ADDRESS	WEST BLEEKER INVESTMENTS MANAGEMENT, LLC ADDRESS 13787 PINE VILLA LANE		(
CITY-ST-ZIP	FT. MYERS, FL 33912		CITY	-SI-ZIP					
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			CITY-	-ST-ZIP					
DOCUMENT #	NAME				- 				
dia-31-air				-ST-ZIP					
1261 hereby indicated or the red	certify that the information supplied on this report is true and accurate ceiver or trustee empowered to exe	d with this filling does not qualify to and that my signature shall have the cute this report as required by Cha	apter ozc	o, i londa statutes			2	that the information e limited partnership	
SIGNAT	TURE: frutt				SELLE	2/10/	106 2	275 8222	
	SIGNATURE AND TYP	ED OR PRINTED NAME OF SIGNING GENERA	L PARTNE	R		Date 7	Dayıı	e Phone #	