

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A03000000459**

**1. Entity Name**  
**WESTIE INTELLECTUAL PROPERTIES LIMITED PARTNERSHIP**



**Principal Place of Business**  
**2300 GLADES ROAD, SUITE 302-EAST**  
**BOCA RATON, FL 33431**

**Mailing Address**  
**2300 GLADES ROAD, SUITE 302-EAST**  
**BOCA RATON, FL 33431**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302004

Chg-LP

CR2E003 (10/03)

**4. FEI Number**

☒ Applied For

☐ Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SCIARRETTA, STEVEN A ESQ**  
**2300 GLADES ROAD, SUITE 302-EAST**  
**BOCA RATON, FL 33431**

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**

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

DATE

**9. Capital Contributions as Shown on record.**

**\$50,000.00**

**10. Amount of Capital Contributions in FLORIDA to date.**

**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 #** L01000002965  
**NAME** WESTIE MANAGEMENT LLC  
**STREET ADDRESS** 2300 GLADES ROAD, SUITE 302-EAST  
**CITY-ST-ZIP** BOCA RATON, FL 33431

STREET ADDRESS

CITY-ST-ZIP

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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STREET ADDRESS

CITY-ST-ZIP

**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

Date

Daytime Phone #

FILED

04 MAY 18 AM 10:33

TALLAHASSEE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE

100037302481  
05/25/04 01068 011 \*\*4123.75

*Handwritten signature/initials*

4/30/04