

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 2005 MAY -2 AM 10: 27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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		
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 _____	
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.				4. FEI Number APPLIED FOR	
SIGNATURE: <i>Steven Sciarretta</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required DATE: 4/29/05	
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		STREET ADDRESS		
NAME	WESTIE MANAGEMENT LLC		CITY - ST - ZIP		
STREET ADDRESS	2300 GLADES ROAD, SUITE 302-EAST		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33431		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Steven Sciarretta</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DATE: 4/29/05 <small>DATE</small>		

STAPLE CHECK HERE