
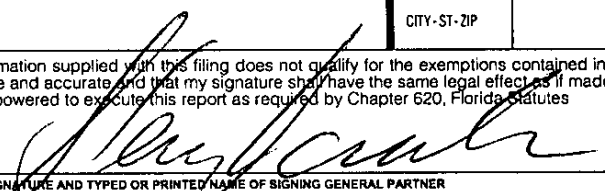


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

APPROVED
 AND
 FILED

06 MAY -9 PM 3:12
 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	4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCJARRETTA, 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L01000002965 WESTIE MANAGEMENT LLC 2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431		STREET ADDRESS		
			CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS	500074513005 05/12/06--01015--030 **3956.25	
			CITY - ST - ZIP		
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS		
			CITY - ST - ZIP		
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:  51-06					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

STAPLE CHECK HERE

51-06