

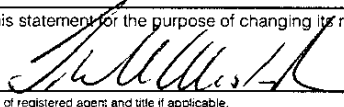
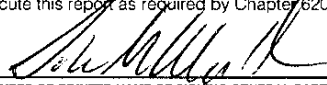


2005 LIMITED PARTNERSHIP ANNUAL REPO
Due By May 1, 2005

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # A03000001296 1. Entity Name WESTWIND ASSOCIATES, LTD.					
Principal Place of Business 1069 LAGUNA LANE GULF BREEZE, FL 32561			Mailing Address 1069 LAGUNA LANE GULF BREEZE, FL 32561		
2. Principal Place of Business 1400 Country Club Road Suite, Apt. #, etc.		3. Mailing Address 1400 Country Club Road Suite, Apt. #, etc.			
City & State Gulf Breeze, FL		City & State Gulf Breeze, FL		4. FEI Number 55-0845765	
Zip 32561		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTAFER, JOHN M 1069 LAGUNA LANE GULF BREEZE, FL 32561				7. Name and Address of New Registered Agent Name John M. Westafer Street Address (P.O. Box Number is Not Acceptable) 1400 Country Club Road City Gulf Breeze FL Zip Code 32561	
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 <u>X</u>  DATE <u>4-6-05</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,200,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,200,000.00			
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 # P03000097863 NAME WESTWIND INVESTMENTS, INC. STREET ADDRESS 1069 LAGUNA LANE CITY-ST-ZIP GULF BREEZE, FL 32561			STREET ADDRESS 1400 Country Club Road CITY-ST-ZIP Gulf Breeze, FL 32561		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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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: X  DATE <u>4-6-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
John M. Westafer, President of General Partner					

STAPLE CHECK HERE