

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001296

Entity Name: WESTWIND ASSOCIATES, LTD.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2569 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

2569 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**New Mailing Address:**

FEI Number: 55-0845765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WESTAFER, ANITA S  
3569 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

WESTAFER, ANITA S  
2569 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/20/2011

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P03000097863  
Name: WESTWIND INVESTMENTS, INC.  
Address: 3569 GULF BREEZE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32563

**ADDRESS CHANGES ONLY:**

Address: 2569 GULF BREEZE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ANITA S WESTAER

VP

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date