


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 10 AM 11:17

DOCUMENT # A04000000758		
1. Entity Name WATERMARK WEST LTD		

Principal Place of Business 1705 COLONIAL BLVD. #C-4 FORT MYERS, FL 33907 US	Mailing Address 1705 COLONIAL BLVD. #C-4 FORT MYERS, FL 33907
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01302006 Chg-LP CR2E003 (11/05)

4. FEI Number 41-2137427	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SCHUMANN, RAYMOND L 27200 RIVERVIEW CENTER BLVD. SUITE 103 BONITA SPRINGS, FL 34134	

7. Name and Address of New Registered Agent	
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 _____
 Signature, typed or printed name of registered agent and title if applicable.

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 #	L04000034720	STREET ADDRESS	
NAME	SPYGLASS POINT VENTURES, LLC	CITY-ST-ZIP	
STREET ADDRESS	1705 COLONIAL BLVD. C-4		
CITY-ST-ZIP	FORT MYERS, FL 33907		
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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 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:  **MANAGING MEMBER OF**
 SPYGLASS POINT VENTURES, GENERAL PARTNER
 Date: 3-31-06 Daytime Phone #: 239-277-7337

STAPLE CHECK HERE