


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A04000001130			
1. Entity Name PALM BEACH WEST ASSOCIATES I, LLLP			
Principal Place of Business 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071		Mailing Address 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

05 MAY -6 PM 1:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



1ST MOORE CR2E003 (10/04)

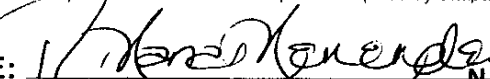
6. Name and Address of Current Registered Agent GRANT, MARK F ESQ. % RUDEN MCCLOSKEY 200 EAST BROWARD BLVD., SUITE 1500 FORT LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record.	\$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.	\$24,923,426.00
		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	

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 #	P04000101774	STREET ADDRESS	
NAME	PALM BEACH WEST I CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		
DOCUMENT #		STREET ADDRESS	600054019426
NAME		CITY-ST-ZIP	05/06/05--01074--025 **141.25
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DOCUMENT #		STREET ADDRESS	600054019426
NAME		CITY-ST-ZIP	05/06/05--01079--002 **385.00
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:  **4/28/05** **(954) 753-1730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Maria Menendez, Vice President** Daytime Phone #