

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

06 MAY -1 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A04000001130</b>	
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
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2. Principal Place of Business 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300	3. Mailing Address 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300
City & State Sunrise, FL	City & State Sunrise, FL
Zip 33323	Country USA



04032006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-1407864	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  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
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P04000101774 PALM BEACH WEST I CORPORATION 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071	STREET ADDRESS CITY-ST-ZIP	1600 Sawgrass Corp Pkwy #300 Sunrise, FL 33323
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05/17/06-01034-005 \*\*500.00

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:** *[Signature]* N. MARIA MENENDEZ, VICE PRESIDENT **4/27/06** **954-753-1730**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE