


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -7 AM 10: 02

DOCUMENT # A04000002096 1. Entity Name WEST TRACT RANCH, LTD.					
Principal Place of Business 1540 N.W. FORK ROAD STUART, FL 34994 US			Mailing Address 1540 N.W. FORK ROAD STUART, FL 34994 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02152005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOPKO, JAMES 853 S.E. MONTEREY COMMONS BLVD. STUART, FL 34996			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 _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
9. Capital Contributions as Shown on record. \$588,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P04000172837		STREET ADDRESS		
NAME	WEST TRACT, INC.		CITY-ST-ZIP		
STREET ADDRESS	1540 S.W. FORK ROAD		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>MARSHALL EVANS</u> <i>Marshall Evans</i>			Date: <u>2/18/05</u> 772-692 9137		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE