

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

**DOCUMENT # A04000002096**

1. Entity Name  
**WEST TRACT RANCH, LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 JAN 18 AM 11:20

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

01112006

Chg-LP

CR2E003 (11/05)

4. FEI Number  
**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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

**P04000172837**  
**WEST TRACT, INC.**  
**1540 S.W. FORK ROAD**  
**STUART, FL 34996**

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
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 CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

**600065000156**  
**02/01/06--01079--006 \*\*\$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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/12/06

772692-9137

Date

Daytime Phone #