

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A06000000665**

1. Entity Name  
**WESTPOINT BUSINESS PARK II, LTD.**



**FILED**

**07 MAY 18 PM 4:16**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



Principal Place of Business      Mailing Address  
**6820 LYONS TECHNOLOGY CIRCLE, SUITE 100**      **6820 LYONS TECHNOLOGY CIRCLE, SUITE 100**  
**COCONUT CREEK, FL 33073**      **COCONUT CREEK, FL 33073**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**04102007      Chg-LP      CR2E003 (12/06)**

4. FEI Number

**20-4895912**

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**

**BUTTERS, MALCOLM**  
**6820 LYONS TECHNOLOGY CIRCLE, SUITE 100**  
**COCONUT CREEK, FL 33073**

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, 2007, 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 # **L06000051283**  
 NAME **WESTPOINT BUSINESS PARK II, LLC**  
 STREET ADDRESS **6820 LYONS TECHNOLOGY CIRCLE, SUITE 100**  
 CITY-ST-ZIP **COCONUT CREEK, FL 33073**

STREET ADDRESS

**400103628184**

CITY-ST-ZIP

**05/31/07--01048--013 \*\*500.00**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*M. Butters*

**4/30/07 954 570-8111**

Date

Daytime Phone #

STAPLE CHECK HERE