2001 UNIFORM BUSINESS REPORT (UBR)

000125341 AF

DOCUMENT # A07630

1. Entity Name

WESTGATE, LTD.

FILED
01 FEB 12 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3740 BEACH BLVD.. SUITE 300 POST OFFICE BOX 47050 JACKSONVILLE FL 32247	3740 BEACH BLVD.. SUITE 300 POST OFFICE BOX 47050 JACKSONVILLE FL 32247

DO NOT WRITE IN THIS SPACE

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 59-1991279 ☐ 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
DEMETREE, JACK C. 3740 BEACH BLVD. SUITE 300 JACKSONVILLE FL 32207	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$365,000.00		

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 #	L98000003512	STREET ADDRESS	
NAME	JCD WESTGATE, L.L.C.	CITY-ST-ZIP	200003708222--7
STREET ADDRESS	3740 BEACH BLVD, STE-300		-02/16/01--01137--004
CITY-ST-ZIP	JACKSONVILLE FL		****535.00 ****535.00
DOCUMENT #	L98000003513	STREET ADDRESS	
NAME	WCD WESTGATE, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	3740 BEACH BLVD, STE-300		
CITY-ST-ZIP	JACKSONVILLE FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: Jack C. Demetree SIGNATURE REQUIRED 2/9/01 904/398-7350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
JACK C. DEMETREE