


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

6326



DOCUMENT # A07630					
1. Entity Name WESTGATE, LTD.					
Principal Place of Business 3740 BEACH BLVD., SUITE 300 POST OFFICE BOX 47050 JACKSONVILLE, FL 32247		Mailing Address 3740 BEACH BLVD., SUITE 300 POST OFFICE BOX 47050 JACKSONVILLE, FL 32247			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-1991279	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$365,000.00			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 #	L98000003512		STREET ADDRESS		
NAME	JCD WESTGATE, L.L.C. ✓		CITY-ST-ZIP		
STREET ADDRESS	3740 BEACH BLVD, STE-300			L980000070170	
CITY-ST-ZIP	JACKSONVILLE, FL			02/28/04-80025-005 535.00	
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				
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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 exemption stated in Section 119.07(3)(f), 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: <i>Jack C. Demetree</i>			1/12/04 904/398-7350		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE