2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

Feb 03, 2004 08:00 AM Secretary of State DOCUMENT # A07630 6326 Entity Name WESTGATE, LTD. Mailing Address Principal Place of Business 3740 BEACH BLVD., SUITE 300 3740 BEACH BLVD., SUITE 300 POST OFFICE BOX 47050 JACKSONVILLE, FL 32247 POST OFFICE BOX 47050 JACKSONVILLE, FL 32247 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 59-1991279 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEMETREE, JACK C. Street Address (P.O. Box Number is Not Acceptable) 3740 BEACH BLVD. SUITE 300 JACKSONVILLE, FL 32207 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 Signature, lyped or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. - \$365,000.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. L98000003512 DOCUMENT# STREET ADDRESS NAME JCD WESTGATE, L.L.C. 3740 BEACH BLVD, STE-300 STREET ADDRESS <u>UQUQQQQ70470</u> CITY-ST-ZIP JACKSONVILLE, FL CITY-\$1-ZIP 28704-80025-005_535_00 DOCUMENT # L98000003513 STREET ADDRESS WCD WESTGATE, L.L.C. NAME 3740 BEACH BLVD, STE-300 STREET ADDRESS CITY - ST- ZIP CITY ST-ZIP JACKSONVILLE, FL DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS FAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME 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)(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

PRINTED NAME OF SIGNING GENERAL PARTNER

FILED