2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Feb 19, 2005 08:00 AM Secretary of State

DOCUMENT  1. Entity Name WESTGATE, LTD					Sec	cretary of Stat
Principal Place of Business		Mailing Address 3740 BEACH BLVD., ŠŪĪTĒ 300 POST OFFICE BOX 47050 JACKSONVILLE, FL 32247		)	וערט גע ווערטענע ווערט וועלע וואנא וועלא וואנא וועלא	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062005 Chg-LP	CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-1991279	Applied For Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Nam	6. Name and Address of Current Regis			Name	7. Name and Address of New Re	
DEMETREE, JACK C.						
3740 BEACH BLVD. SUITE 300		. –		Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE, F	JACKSONVILLE, FL 32207					· <del>-</del>
				City		FL Zip Code
the obligations of regis	iy şubmits this statement for stered agent.	the purpose of changing its.	register	ed office or register	ed agent, or both, in the State of Flor	ida. I am famîliar with, and accept
SIGNATURE Signature, type	Signature, typed or printed name of registered agent and title if applicable.					DATE
Capital Contributions     as Shown on record.	\$365,000.00	10. Amount of Capita in FLORIDA to da	ite.			
A NOTE	GENERAL PARTNER TH :: General Partners MA\	IAT IS A BUSINESS EN NOT be changed on th	rity M e form	UST BE REGIST I; an amendmen	ERED AND ACTIVE WITH THIS t must be filed to change a ger	S OFFICE. neral partner.
12. GENERAL PARTNER INFORMATION					ADDRESS CHAI	
1	DOCUMENT   L9800000 <u>35</u> 12  NAME			ET ADDRESS		
CITY-ST-ZIP JACKSO	JACKSONVILLE, FL			-ST-ZIP		
POCUMENT   L9800000	0 <u>35</u> 13 STGATE, L.L.C.	STF		ET ADDRESS	000000 	1235754 80017-015 535.00
STREET ADDRESS 3740 BEA	ACH BLVD, STE-300 NVILLE, FL	<del>_</del>	CITY	-ST-ZIP		
DOGUMENT / NAME			STRE	ET ADDRESS		
STREET ADDRESS : CITY - ST - ZIP			CITY	ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
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			CITY-	-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP	·- <u>-</u>		CITY -	ST- ZIP		
indicated on this repo	e information supplied with it it is true and accurate and the empowered to execute this	iat my signature shall have th	ie same	legal effect as if ma	tion 119 07(3)(i), Florida Statutes i in ade under oath, that I am a General I	urther certify that the information Partner of the limited partnership or
SIGNATURE:	SIGNATURE AND TYPED OR P	Jack C. Demet			Partner 01-14-05	(904) 398-7350