

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

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**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



01092007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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**

DEMETREE, JACK C.  
3740 BEACH BLVD.  
SUITE 300  
JACKSONVILLE, FL 32207

**DO NOT WRITE  
IN THIS SPACE**

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**

DOCUMENT # L98000003512  
NAME JCD WESTGATE, L.L.C.  
STREET ADDRESS 3740 BEACH BLVD, STE-300  
CITY-ST-ZIP JACKSONVILLE, FL

DOCUMENT # L98000003513  
NAME WCD WESTGATE, L.L.C.  
STREET ADDRESS 3740 BEACH BLVD, STE-300  
CITY-ST-ZIP JACKSONVILLE, FL

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000641626  
03/01/07-80007-012 508.75

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:**

*Jack C. Demetree*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/07

Date

904-398-7350

Daytime Phone #