

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 14 AM 8:33

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 - No P.O. Box #
 1551 ATLANTIC BLVD
 Suite, Apt. #, etc.
 SUITE 300

3. Mailing Address
 P O BOX 47050
 Suite, Apt. #, etc.

01072008 Chg-LP CR2E003 (12/06)

City & State
 JACKSONVILLE, FL 32207
 Zip
 32207 Country
 DUVAL

City & State
 JACKSONVILLE, FL 32247
 Zip
 32247-7050 Country
 DUVAL

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1551 ATLANTIC BLVD, SUITE 300
 City
 JACKSONVILLE FL Zip Code
 32207

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, 2008, 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 #
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1551 ATLANTIC BLVD., SUITE 300
 CITY-ST-ZIP JACKSONVILLE, FL 32207

STREET ADDRESS 1551 ATLANTIC BLVD., SUITE 300
 CITY-ST-ZIP JACKSONVILLE, FL 32207

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS 300113547419
 CITY-ST-ZIP 03/06/08--01013--022 **508.75

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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

Date

Daytime Phone #