


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00066562 AT

DOCUMENT # A07630

1. Entity Name
WESTGATE, LTD.



FILED
03 JAN 28 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DUE BY MAY 1, 2003

City & State	City & State
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4. FEI Number 59-1991279	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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) _____

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$365,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200011124972
CITY-ST-ZIP	01/28/03--01032--003 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: **1/23/03** Daytime Phone #: **904/398-7350**

CR2E003 (10/02)