


**2009 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
Jan 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # A23595 1. Entity Name WEST WIND ASSOCIATES OF SANIBEL, LTD.	
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Principal Place of Business 3345 W. GULF DR. SANIBEL FL 33957	Mailing Address 3345 W. GULF DR. SANIBEL FL 33957
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/07)

City & State	City & State	4. FEI Number 59-2736919	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAMBERS, NORMAN J 3345 WEST GULF DR. SANIBEL FL 33957	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 one of applicability

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BRUMMER, JOHN G 3345 WEST GULF DR. SANIBEL FL	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CHAMBERS, NORMAN J 3345 WEST GULF DR. SANIBEL FL	STREET ADDRESS CITY-ST-ZIP	1100000800049 01/31/08-80001-025 500.00
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: *John G. Brummer* JOHN G. BRUMMER 1/22/08 239-472-1541

SAMPLE SIGNATURE HERE