


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A26128

1. Entity Name
 WESTGATE BLUE TREE ORLANDO, LTD.



Principal Place of Business
 12007 CYPRESS RUN
 ORLANDO, FL 32836

Mailing Address
 5601 WINDHOVER DRIVE
 ATTN: TAX DEPARTMENT
 ORLANDO, FL 32819



2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

04292004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3151562

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL MARDER, ESQ
 100 WEST CYPRESS CREEK ROAD, STE 700
 FORT LAUDERDALE, FL 33309

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, if applicable

9. Capital Contributions as Shown on record. \$55,000,000.00

10. Amount of Capital Contributions in FLORIDA to date \$55,000,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L02000003444	STREET ADDRESS	
NAME	BLUE TREE LBV, L.L.C.	CITY- ST- ZIP	
STREET ADDRESS	5601 WINDHOVER DRIVE		
CITY- ST- ZIP	ORLANDO, FL 32819		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
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STAPLE CHECK HERE

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: Thomas Day Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER