FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A26575**

FILED
98 DEC 31 PM 4: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WESTLAKE PARTNERS, LTD. 3_ Date Formed or Registered 5a. Capital Contributions as Shown on record. Mailing Address Principal Office Address 06/15/1988 1412 WEST COLONIAL DRIVE 1412 WEST COLONIAL DRIVE \$765,000.00 ORLANDO FL 32804 ORLANDO FL 32804 3a. Date of Last Report 5b. Amount of Capital Contributions in FLORIDA to date: 01/05/1998 4. State or Country of Formation Principal Office Address 6. FEI Number Applied For Not Applicable 16-1321152 7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office LECCESE, SALVADOR F 1412 WEST COLONIAL DRIVE ORLANDO FL 32804 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the taws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes, SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE Address of Each General Partner Registration/ 11. Name(s) of General Pariner(s) City, State & Zip Code 11c. 11b. (Do NOT Use Post Office Box Numbers) Document Number LECESSE WESTLAKE CORP. 1412 W. COLONIAL DR. ORLANDO FL M70656 900002747279--5 -01/20/33--01028--009 ****526.25 ****526.25

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this amfual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by shapter 620, Florida Statutes.

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Sun F Fler

DATE 12/22/98

_ Daytime Telephone Number_ 40+-645-55+