


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A26575		
1. Entity Name WESTLAKE PARTNERS, LTD.		

*\$535.00
OFF*

Principal Place of Business 2221 LEE RD., SUITE 28 WINTER PARK, FL 32789	Mailing Address 2221 LEE RD., SUITE 28 WINTER PARK, FL 32789
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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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City & State	City & State
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Zip	Country	Zip	Country
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04112004 Chg-LP CR2E003 (10/03)

4. FEI Number 16-1321152	Applied For Not Applicable
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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	
LECCSE, SALVADOR F 2221 LEE RD., SUITE 28 WINTER PARK, FL 32789	

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 _____
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9. Capital Contributions as Shown on record. \$765,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	M70656	STREET ADDRESS	
NAME	LECCSE WESTLAKE CORP.	CITY-ST-ZIP	
STREET ADDRESS	2221 LEE RD., SUITE 28		
CITY-ST-ZIP	WINTER PARK, FL 32789		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

UD00000145225
05/03/04-80016-006 535.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____	4-14-04	407-645-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE