2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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SIGNATURE:

FILED **DOCUMENT # A26575** 2005 APR 15 PM 1: 14 1. Entity Name WESTLAKE PARTNERS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 2221 LEE RD., SUITE 28 2221 LEE RD., SUITE 28 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address 650 S. Northlake Blud <u>650 S. Northlake Blud</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 04062005 Chg-LP CR2E003 (10/03) Suite 450 <u>Suite 450</u> 4. FEI Number Applied For City & State City & State Altomonte Springs, F Altamonte Springs, 16-1321152 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired उभग०। Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LECCESE, SALVADOR F Street Address (P.O. Box Number is Not Acceptable) 2221-LEE RD., SUITE 28 WINTER PARK, FL 32789 650 S. Northlacke Blud 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 Signature, typed or printed name of registered agent and title if appreaate DATE 9. Capital Contributions 10. Amount of Capital Contributions \$765,000.00 in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. M70656 DOCUMENT # STREET ADDRESS 650 S. Northlake Blud, Suite 450 LECESSE WESTLAKE CORP. NAME STREET ADDRESS 2221 LEE RD., SUITE 28 CITY-ST-ZIP Altamonte Springs FL WINTER PARK, FL 32789 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 600054032866 05/06/05--01115--015 **\$35.00 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS No TE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOMINENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 14. I hereby certify that the information supplied with this filling 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 <u> 407-645-5575</u> 4-7-OS