

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

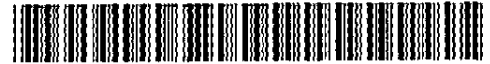
**DOCUMENT # A26575**

1. Entity Name  
**WESTLAKE PARTNERS, LTD.**



Principal Place of Business  
**650 S. NORTHLAKE BLVD, STE 450**  
**ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**650 S. NORTHLAKE BLVD, STE 450**  
**ALTAMONTE SPRINGS, FL 32701**



01132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**16-1321152**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LECCESE, SALVADOR F**  
**650 S. NORTHLAKE BLVD, STE 450**  
**ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE  
IN THIS SPACE**

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 applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT # **M70656**  
NAME **LECESSE WESTLAKE CORP.**  
STREET ADDRESS **650 S. NORTHLAKE BLVD, STE 450**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

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1000000407046  
02/07/06-80114-023 508.75

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-25-06

407-645-5575

STAPLE CHECK HERE