2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

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	1. Entity Name	OCUMENT # A33457 tity Name HOLDINGS, LTD.				FILED			
	SR HOLDI					2005 APR 26 PM 12: 31			
	Principal Place	Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
				NE 34TH ST., SUITE 101 AUDERDALE FL 33308		IALLAHASSEE, FLORIDA			
								A CICH CIAN AIGH CEAN AIGHAN AN 1861	
		lace of Business	3. Mailing Address						
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1ST MOOI	RE CR2F	E003 (10/04)		
	City & State	•	City & State		4. FEI Number 65-	0364510	Applied For Not Applicable		
	Zip	Country	Zip	Count	ту	5. Certificate of State		\$8.75 Additional Fee Required	
-	Name and Address of Current Registered Agent					7. Name and Addres	s of New Regist	ered Agent	
1	BiCt	JTED CAM			Name				
	3400	RICHTER, SAM 3400 NE 34TH ST., SUITE 101 FT. LAUDERDALE FL 33308			Street Address (P.O. Box Number is Not Acceptable)				
					City	FL Zip Code			
 -	The above named entity submits this statement for the purpose of changing its registered office or register					tered agent, or both,			
	in the State	of Florida. I am familiar with, and acce	apt the obligations of register	ered agent.		-			
	SIGNATURE				DATE		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.		
ſ	9. Capital Contributions \$52,675.00 10. Amount of Capital C				ntributions				
H	as Shown c	as Shown on record. in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
L	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.	13. ADDRESS CHANGES ONLY				
	NAME	WESTMOUNT INVESTMENTS CO	RP.	STRE	ET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP	3400 NE 34TH ST., #101 FT. LAUDERDALE FL 33308			-ST-ZIP				
	DOCUMENT # NAME				ET ADDRESS	100054352001 05/13/0501004025 **469.50			
	STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
STAPLE CHECK HERE	DOCUMENT # NAME				ET ADDRESS				
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	DOCUMENT #	EET Abour SS			ET ADDRESS				
ST	STREET ALCESS				-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
t				for the exe	mption stated in Se	ection 119.07(3)(i), Floric	da Statutes. I furth	ner certify that the information	
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 indicated on this report is true and accurate and that his signature shall have the same legal effect as if made under oath; that I am a General Partnet he receiver or trustee employeered to secure this employee a buried by Chapter 620. Florida Statutes								tner of the limited partnership or	