

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 14 AM 10:31

DOCUMENT # A93000000121

1. Entity Name  
WEST-TECH PARTNERSHIP, A LIMITED PARTNERSHIP



Principal Place of Business  
291 APPALACHIAN TR  
MAGGIE VALLEY, NC 28751

Mailing Address  
291 APPALACHIAN TR  
MAGGIE VALLEY, NC 28751

2. Principal Place of Business

607 PARK SOUTH BLVD  
Suite, Apt. #, etc.

3. Mailing Address

607 PARK SOUTH BLVD  
Suite, Apt. #, etc.

City & State

ARDEN NC

City & State

ARDEN NC

4. FEI Number

59-3120538

Applied For

Not Applicable

Zip

28704

Country

USA

Zip

28704

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOGAN, SHIRLEY A  
6465-C YELVINGTON RD.  
EAST PALATKA, FL 32131-9801

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$297,541.37

10. Amount of Capital Contributions  
in FLORIDA to date.

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LUNDQUIST, SANDRA L  
291 APPALACHIAN TRAIL  
MAGGIE VALLEY, NC 28751

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
607 PARK SOUTH BLVD  
ARDEN NC 28704

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
300046850783  
02/18/05--01004--018 \*\*\$526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Sandra L. Lundquist  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-10-05 828.400.9152  
Date Daytime Phone #

STAPLE CHECK HERE