2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A93000000121

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

SECRETARY OF STATE DIVISION OF CORPORATIONS
06 FEB 14 AM 8:40

Principal Place of Business
607 PARK SOUTH BLVD.
ARDEN, NC 28704

Mailing Address
607 PARK SOUTH BLVD.
ARDEN, NC 28704

02072006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
P O BOX 291185		P O BOX 291185	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State: PORT ORANGE FL		City & State: PORT ORANGE FL	
Zip: 32129	Country: VOLUSIA	Zip: 32129	Country: VOLUSIA

4. FEI Number: 59-3120538 — Applied For / Not Applicable

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: SANDRA LUNDQUIST
Street Address (P.O. Box Number is Not Acceptable): 1003 HEATHERWOOD CT
City: PORT ORANGE FL Zip Code: 32127

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: Sandra L. Lundquist
Signature, typed or printed name of registered agent and title if applicable

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	LUNDQUIST, SANDRA L 607 PARK SOUTH BLVD. ARDEN, NC 28704	STREET ADDRESS CITY-ST-ZIP	1003 HEATHERWOOD CT PORT ORANGE FL 32127
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DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

STAPLE CHECK HERE

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: Sandra L. Lundquist 2/9/06 386-767-2669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER