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

HERE

SIGNATURE:

## May 05, 2005 08:00 AM Secretary of State DOCUMENT # A93000000580 1. Entity Name SIEMENS WEST BOYNTON, LTD. Principal Place of Business Mailing Address 5801 N CONGRESS, SUITRE 205 5801 N CONGRESS, SUITRE 205 **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 65-0443754 Not Applicab! Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIEMENS, RICHARD 5801 N. CONGRESS, SUITE 205 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487** City 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 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. GENERAL PARTNER INFORMATION ÁDDRÉSS CHANGES ONLY 12. 13. DOCUMENT # P93000029170 STREET ADDRESS NAME SIEMENS WEST BOYNTON CORP. 000352917 05-80137-005 141.25 STREET ADDRESS 5801 N CONGRESS, SUITE 205 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-7IP CITY ST-ZIP DOCUMENT A JF-661 4003035 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DOCUMENT # STREET ADDRESS STREET ADDRESS CITY ST-21P CHY-SI-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY ST- ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**FILED** 

4-14-05 561-362-9705