

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000001729

**FILED**  
**Mar 22, 2007**  
**Secretary of State**

**Entity Name:** WESTFIELD INVESTMENT GROUP, LLLP

**Current Principal Place of Business:**

426 SW COMMERCE DR, SUITE #130  
SUITE 130  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3566  
LAKE CITY, FL 32056

**New Mailing Address:**

**FEI Number:** 59-3284340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPARKS, CHARLES S  
P.O. BOX 3566  
BELLMONT TERRACE  
LAKE CITY, FL 32056 US

**Name and Address of New Registered Agent:**

SPARKS, CHARLES S  
BELLMONT TERR (P. O. BOX 3566)  
LAKE CITY, FL 32056 US

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.

SIGNATURE:

03/22/2007

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: STEWART, SCOTT D  
Address: P.O. BOX 1208 (ASHBY ROAD)  
City-St-Zip: LAKE CITY, FL 32056

Document #:

Name: SPARKS, CHARLES S  
Address: P.O. BOX 3566 (BELMONT TERRACE)  
City-St-Zip: LAKE CITY, FL 32056

**ADDRESS CHANGES ONLY:**

Address: ASHBY ROAD (P. O. BOX 1208)  
City-St-Zip: LAKE CITY, FL 32056

Address: BELMONT TERR (P. O. BOX 3566)  
City-St-Zip: LAKE CITY, FL 32056

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT D. STEWART

03/22/2007

Electronic Signature of Signing General Partner

Date