


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

|   |   |                |   |   |  |
|---|---|----------------|---|---|--|
| <b>DOCUMENT # A95000001681</b>  |   |                |   |    |  |
| <b>1. Entity Name</b><br>WESTSHORE GROUP, LLLP  |   |                |   |   |  |
| <b>Principal Place of Business</b><br>5300 WEST KNOX STREET<br>TAMPA, FL 33634  |   |                | <b>Mailing Address</b><br>P.O. BOX 15216<br>TAMPA, FL 33684-5216  |   |  |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.  |   |                | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                  |   |  |
| <b>City &amp; State</b>   |   |                | <b>City &amp; State</b>   |   |  |
| <b>Zip</b>  |   | <b>Country</b> |   | <b>Zip</b>  |  |
| <b>Country</b>  |   | <b>Country</b> |   | <b>4. FEI Number</b><br>59-3342578  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |                |   | <b>Applied For</b><br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>HYMAN, DAVID<br>5300 WEST KNOX STREET<br>TAMPA, FL 33634  |   |                |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| <b>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.</b>  |   |                |   |   |  |
| <b>SIGNATURE</b> _____ <b>DATE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |   |                |   |   |  |
| <b>9. Capital Contributions</b><br>as Shown on record. \$1,720,000.00   |   |                | <b>10. Amount of Capital Contributions</b><br>in FLORIDA to date. |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |   |                |   |   |  |
| <b>12. GENERAL PARTNER INFORMATION</b>  |   |                | <b>13. ADDRESS CHANGES ONLY</b>                                   |   |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | HYMAN, DAVID TRUSTEE<br>5300 WEST KNOX STREET<br>TAMPA, FL 33634    |                | <b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                   |   |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | TELLES, LEANDRO TRUSTEE<br>5300 WEST KNOX STREET<br>TAMPA, FL 33634 |                | <b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                   |   |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | ELOZORY, RA'ANAN<br>5300 WEST KNOX STREET<br>TAMPA, FL 33634        |                | <b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                   |   |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | ELOZORY, TODD D<br>5300 WEST KNOX STREET<br>TAMPA, FL 33634         |                | <b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                   |   |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | ELOZORY, DANIEL T<br>5300 WEST KNOX STREET<br>TAMPA, FL 33634       |                | <b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                   |   |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | NEWELL, AMY MARIE E<br>1601 EDGEWATER CT<br>FRANKLIN, TN 37069      |                | <b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                   |   |  |
| <b>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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes</b> |   |                |   |   |  |
| <b>SIGNATURE</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |   |                | 4/15/5 813-984-2561<br><small>Date Daytime Phone #</small>        |   |  |

STAPLE CHECK HERE