2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 9:37

DOCUMENT # A95000001681

1. Entity Name
WESTSHORE GROUP, LLLP

900075561049
05/31/06--01034--005 **526.25

Principal Place of Business	Mailing Address
5300 WEST KNOX STREET TAMPA, FL 33634	P.O. BOX 15216 TAMPA, FL 33684-5216

05012006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3342578
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HYMAN, DAVID
5300 WEST KNOX STREET
TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE

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 _____ DATE
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

DOCUMENT #	
NAME	HYMAN, DAVID TRUSTEE
STREET ADDRESS	5300 WEST KNOX STREET
CITY-ST-ZIP	TAMPA, FL 33634
DOCUMENT #	
NAME	TELLES, LEANDRO TRUSTEE
STREET ADDRESS	5300 WEST KNOX STREET
CITY-ST-ZIP	TAMPA, FL 33634
DOCUMENT #	
NAME	ELOZORY, RA'ANAN
STREET ADDRESS	5300 WEST KNOX STREET
CITY-ST-ZIP	TAMPA, FL 33634
DOCUMENT #	
NAME	ELOZORY, TODD D
STREET ADDRESS	5300 WEST KNOX STREET
CITY-ST-ZIP	TAMPA, FL 33634
DOCUMENT #	
NAME	ELOZORY, DANIEL T
STREET ADDRESS	5300 WEST KNOX STREET
CITY-ST-ZIP	TAMPA, FL 33634
DOCUMENT #	
NAME	NEWELL, AMY MARIE E
STREET ADDRESS	1601 EDGEWATER CT
CITY-ST-ZIP	FRANKLIN, TN 37069

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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: _____ May 1, 2006 813-884-2561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #