2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ACCOMMON ACCOMMON					
DOCUMENT # A9600001931 1. Entity Name					FILED
WESTGROUP GROVE ISLE ASSOCIATES LTD.				01 MAY 29 PM 4: 45	
Principal Place of Business Mailing Address					
% NOBLE HOU	ISE HOTELS	% NOBLE HOUSE HOTELS			SECRETARY OF STATE TALLAHASSEE, FLORIDA
570 KIRKLAND WAY 570 KIRKLAND WAY KIRKLAND WA 98033 KIRKLAND WA 98033					
Principal Place of Business 3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State	9	City & State			4. FB Number Applied For
Zip Country		Zip Country		trv	93-1222068 Not Applicable
	6. Name and Address of Current Registered Agent				5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent
o. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)
SUITE 105					1
TALLAHAS	SEE FL 32301				FL 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.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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
NAME	WESTGROUP PARTNER, INC.		STRE	ET ADDRESS 57	O KIRKLAND WAY
	25 CENTRAL WAY, SUITE 400 KIRKLAND WA 98033		CITY	-ST-ZIP	IRKLAND WA 98033
DOCUMENT # NAME			STRE	ET ADDRESS	
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NAME E			CITY-	ST-ZIP	LF \$316,28
CITY-ST-ZIP DOCUMENT					
NAME Street address				ET ADDRESS	
CITY-ST-ZIP DOCUMENT #			CITY-	ST-ZIP	
NAME STREET ADDRESS			STREE	ET ADDRESS	
CITY-ST-ZIP	adilly that the last and			ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. MONTHER SELECTION HOUSE					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Destine Phone #					