

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020992 MB

DOCUMENT # A96000001931



1. Entity Name
WESTGROUP GROVE ISLE ASSOCIATES LTD.

FILED

03 MAY -1 PM 1:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business % NOBLE HOUSE HOTELS 570 KIRKLAND WAY KIRKLAND WA 98033	Mailing Address % NOBLE HOUSE HOTELS 570 KIRKLAND WAY KIRKLAND WA 98033
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DUE BY MAY 1, 2003

City & State	City & State	4. FEI Number 93-1222068	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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. 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.

9. Capital Contributions as Shown on record. **\$11,495,823.00**

10. Amount of Capital Contributions in FLORIDA to date. **12,844,146**

**11. MAKE CHECK PAYABLE TO FL. 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	
DOCUMENT #	F96000005406
NAME	WESTGROUP PARTNER, INC.
STREET ADDRESS	570 KIRKLAND WAY
CITY-ST-ZIP	KIRKLAND WA 98033
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	300017843103 05/01/03--01074--009 **2285.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-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: *M. K. ...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4/18/03** Daytime Phone #: **425-827-8737**

CR2E003 (10/02)

SAMPLE CHECK HERE