

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 JUL 20 AM 11:14

**DOCUMENT # A96000002296**

1. Entity Name  
 J.J.D. ASSOCIATES OF PALM BEACH LIMITED



Principal Place of Business  
 7334 LAKE WORTH DRIVE  
 LAKE WORTH, FL 33467

Mailing Address  
 7334 LAKE WORTH DRIVE  
 LAKE WORTH, FL 33467

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



07152005 Chg-LP CR2E003 (10/03)

4. FEI Number  
 65-0713152

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MANELLA, ROSS ESQ.  
 2237 N. COMMERCE-PKWY, STE. 3  
 WESTON, FL 33326

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 fee if applicable.

9. Capital Contributions as Shown on record. **\$1,732,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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	
DOCUMENT #	P96000100349	STREET ADDRESS	7336 Lake worth Rd
NAME	WESTMOUNT MANAGEMENT, INC.	CITY-ST-ZIP	Lake worth, FL 33467
STREET ADDRESS	7334 LAKE WORTH DRIVE		
CITY-ST-ZIP	LAKE WORTH, FL 33467		
DOCUMENT #		STREET ADDRESS	
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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: David Ezagui David Ezagui 7.15.05 5614330564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE