


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -7 AM 10:46

DOCUMENT # A97000002273 1. Entity Name POINTE WEST PARTNERSHIP, LTD.	
---	---

Principal Place of Business 6015 POINTE WEST BLVD. BRADENTON, FL 34209	Mailing Address 6015 POINTE WEST BLVD. BRADENTON, FL 34209
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--



01142004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0790485

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent TREY TALLY 6015 POINTE WEST BLVD. BRADENTON, FL 34209
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City

900032369529
04/16/04--01054--009

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. \$54,227.25

10. Amount of Capital Contributions in FLORIDA to date.

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 STREET ADDRESS CITY-ST-ZIP
P97000072322 MUSCULOSKELETAL MGT SERVICES ORGANIZATION 6015 POINTE WEST BLVD. BRADENTON, FL 34209

13. ADDRESS CHANGES ONLY
STREET ADDRESS CITY-ST-ZIP
 04/16/04--01054--009 **468.35

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

William J. 2005

4/5/04

941-782-0200

STAPLE CHECK HERE