200	1 UNI	FORM BUS	INESS REPO	PRT	(UB		
DOCU 1. Entity Nar	MENT	# A9800	0000183	•			
WESTWOOD BLVD., LTD.					 	FILED	
Principal Place of Business Mailing Address					· · ·	01 FEB -6 PM 12: 29	
200 BOULDER RIDGE ROAD SCARSDALE NY 10583			SGARSDALE NY 10583		:	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal I	3. Mailing Address	_					
c/o Webst           Suite, Apt. #, etc.         Suite, Apt. #, etc.				Part	ners,	P.L. DO NOT WRITE IN THIS SPACE	
			PO Box 2310		1	DO NOT WRITE IN THIS SPACE	
City & State			City & State			4. FEI Number Applied For Not Applied For Not Applicate	
Zip		Country	Winter Park, FL Zip		ntry	5. Certificate of Status Desired \$8.75 Additional	ж
•	6 Name	and Address of Current I	32790-2310	USA	<del>-  </del>	7. Name and Address of New Registered Agent	
	<u> </u>	and Address of Current	iegistereu Agent		Name	) ·	<u>-</u>
UNGER, V	VEBSTER &	ACREE, LLC				P Services, Inc. Address (P.O. Box Number is Not Acceptable)	
701 PEACHTREE ROAD						Lee Road, Suite 101	
ARLANDO FL 32804							
					City	FL Zip Code 32789	
8. The above named entity submits this statement for the purpose of changing its registere							
All C							
SIGNATURE David Signature, type or printed name of registered agent and title if applicable.  NOTE: Re					Webste d Agent signat	rer President 1/29/01  DATE  DATE	
9. Capital Contributions as Shown on record. \$10,000,000.00			10. Amount of Capit in FLORIDA to d		butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A C	GENERAL PARTNER TI	HAT IS A BUSINESS EN	TITY M	UST BE	REGISTERED AND ACTIVE WITH THIS OFFICE.	
NOTE: General Partners MAY NOT be changed on the  12. GENERAL PARTNER INFORMATION					; an ame	ADDRESS CHANGES ONLY	
DOCUMENT / P98000005227			IFORMATION 13		EET ADDRESS		_
NAME IAI WESTWOOD, INC. STREET ADDRESS 200 BOLLI DEP, RIDGE BOAD			3111	LETADORESS		_	
CITY-ST-ZIP	1200 DOCEDEN NIDGE NOAD			CITY	-ST-ZIP		
DOCUMENT # NAME				STRI	ET ADDRESS		
STREET ADDRESS				CITY	-ST-ZIP	5000036571052 -02/08/0101019006	-
DOCUMENT #			<u> </u>		i	<del>****526.25</del> ****526.25	$\dashv$
NAME				STRE	ET ADDRESS	5	
STREET ADDRESS CITY-ST-ZIP				City	-ST-ZIP		
DOCUMENT #				STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT #			•	STRE	ET ADDRESS	·	$\dashv$
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		_
DOCUMENT #				STRE	ET ADDRESS		$\dashv$

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

CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET AS DRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/29/01

407-691-0500

Daytime Phone #