


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
Due By May 1, 2004

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000183</b> 1. Entity Name WESTWOOD BLVD., LTD.	
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Principal Place of Business 200 BOULDER RIDGE ROAD SCARSDALE, NY 10583	Mailing Address C/O WEBSTER & PARTNERS, P.I. P.O. BOX 2310 WINTER PARK, FL 32790-2310
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Zip
Country	Country



02162004 Chg-LP CR2E003 (10/03)

4. FEI Number 58-2375428	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  W & P SERVICES, INC. 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	P98000005227	STREET ADDRESS	
NAME	IAI WESTWOOD, INC.	CITY-ST-ZIP	
STREET ADDRESS	200 BOULDER RIDGE ROAD		
CITY-ST-ZIP	SCARSDALE, NY 10573		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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

<b>SIGNATURE:</b>  <b>HOMI GAUDHAR</b>	<b>March 31, 2004</b> Date
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STAPLE CHECK HERE