## 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED

## DOCUMENT # A98000000183 05 APR 19 PH 4: 06 WESTWOOD BLVD., LTD. SECHELLRY OF STATE FALLAHASSEE FLORIDA Principal Place of Business Mailing Address 200 BOULDER RIDGE ROAD C/O WEBSTER & PARTNERS, P.I. SCARSDALE, NY 10583 P.O. BOX 2310 WINTER PARK, FL 32790-2310 2. Principal Place of Business 3. Mailing Address 1936 Lee Rd. Suite, Apt. #, etc Suite 101 Suite, Apt. #, etc. 03162005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For Winter Park, FL 58-2375428 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 32789 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent W & P SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$10,000,000.00 in FLORIDA to date. as Shown on record. 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 ADDRESS CHANGES ONLY 13. P98000005227 DOCUMENT # 1936 Lee Road, Suite 101 STREET ADDRESS NAME IAI WESTWOOD, INC. STREET ADDRESS 200 BOULDER RIDGE ROAD CITY-ST-ZIP Winter Park, FL 32789 CITY-ST-ZIP SEARSDALE, NY 10573 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT #

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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 expectle this report as required by Chapter 620, Florida Statutes

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SIGNATURE:

SIGNATURE AND THEODOR PRINTED HAME OF SIGNING GENERAL PARTNER

Date

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