## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

## Mar 09, 2007 08:00 A Secretary of State DOCUMENT # A9800000183 WESTWOOD BLVD., LTD. Principal Place of Business Mailing Address 450 N. WYMORE RD. C/O WEBSTER & PARTNERS, P.I. WINTER PARK, FL 32789 P.O. BOX 2310 WINTER PARK, FL 32790-2310 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 58-2375428 Not Applicable Ζıρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name W & P SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 450 N. WYMORE ROAD WINTER PARK, FL 32789 Zip Codo 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 FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 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 P98000005227 DOCUMENT # STREET ADDRESS NAME IAI WESTWOOD, INC. STREET ADDRESS 450 N. WYMORE RD. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32789 DOCUMENT # STREET ADDRESS U00000661686 NAME <del>03/20/07-80051-011-500.00</del> STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS HERE CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information inclicated on this report is true and accurage 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 emportary to precute this report as required by Chapter 620, Florida Statutes HOMI GAZD AR VP, IAI WESTWOOD INC **SIGNATURE**

**FILED** 

Daytime Phone ≠