
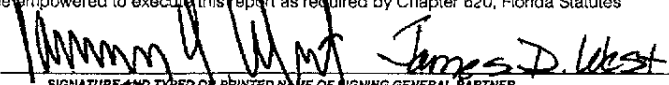


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**\*Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

|   |                      |                            |  |   |  |
|---|----------------------|----------------------------|--|---|--|
| <b>DOCUMENT # A98000000927</b><br>1. Entity Name<br><b>WEST FAMILY LIMITED PARTNERSHIP</b>  |                      |                            |  |    |  |
| Principal Place of Business<br><b>1511 HERMITAGE LANE<br/>         CAPE CORAL, FL 33914-8042</b>  |                      |                            | Mailing Address<br><b>1511 HERMITAGE LANE<br/>         CAPE CORAL, FL 33914-8042</b> |   |  |
| 2. Principal Place of Business  |                      | 3. Mailing Address         |  |   |  |
| Suite, Apt #, etc   |                      | Suite, Apt #, etc          |  |   |  |
| City & State  |                      | City & State               |  | 4. FEI Number<br><b>65-0832176</b>  |  |
| Zip   |                      | Country                    |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>EMERICH, GUY S ESQ.<br/>         99 NESBIT STREET<br/>         PUNTA GORDA, FL 33950</b>  |                      |                            |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |                      |                            |  |   |  |
| 9. Capital Contributions as Shown on record. <b>\$2,820,000.00</b>  |                      |                            | 10. Amount of Capital Contributions in FLORIDA to date.                              |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                      |                            |  |   |  |
| <b>12. GENERAL PARTNER INFORMATION</b>  |                      |                            | <b>13. ADDRESS CHANGES ONLY</b>  |   |  |
| DOCUMENT #  | NAME                 | STREET ADDRESS             | CITY - ST - ZIP  |   |  |
|   | STREET ADDRESS       |                            |  |   |  |
|   | CITY - ST - ZIP      |                            |  |   |  |
|   | <b>WEST, JAMES D</b> | <b>1511 HERMITAGE LANE</b> | <b>CAPE CORAL, FL 339148042</b>  |   |  |
|   | <b>WEST, VIOLA M</b> | <b>1511 HERMITAGE LANE</b> | <b>CAPE CORAL, FL 339148042</b>  |   |  |
|   |                      |                            |  |   |  |
|   |                      |                            |  |   |  |
|   |                      |                            |  |   |  |
|   |                      |                            |  |   |  |
|   |                      |                            |  |   |  |
|   |                      |                            |  |   |  |
| 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>James D. West</b> <span style="float: right;"><b>4/6/05</b> <b>239-540-821</b></span>   |                      |                            |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |                      |                            |  |   |  |

STAPLE CHECK HERE