


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001881		
1. Entity Name WESTGATE FUNDING I, LTD.		

Principal Place of Business C/O MICHAEL MARDER 135 WEST CENTRAL BLVD., SUITE 1100 ORLANDO, FL 32801	Mailing Address C/O MICHAEL MARDER 135 WEST CENTRAL BLVD., SUITE 1100 ORLANDO, FL 32801
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country



04292004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3531150	Applied For 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 WESTGATE GENERAL FUNDING I, INC. C/O MICHAEL MARDER 135 WEST CENTRAL BLVD., SUITE 1100 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____	DATE _____
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9. Capital Contributions as Shown on record \$2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 2,000,000.
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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 # NAME STREET ADDRESS CITY - ST - ZIP	P98000068448 WESTGATE GENERAL FUNDING I, INC. 135 WEST CENTRAL BLVD., SUITE 1100 ORLANDO, FL 32801	STREET ADDRESS CITY - ST - ZIP	
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05/10/04-80034-016 526.25

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Distance Phone #
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STAPLE CHECK HERE