


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

|   |  |   |
|---|--|---|
| <b>DOCUMENT # B01000000050</b>                |  |  |
| 1. Entity Name<br><b>WESTLAKE POLYMERS LP</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2801 POST OAK BLVD., SUITE 600<br/>HOUSTON TX 77056</b> | Mailing Address<br><b>2801 POST OAK BLVD., SUITE 600<br/>HOUSTON TX 77056</b> |
|---|---|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E003 (10/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>76-0144230</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 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>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
|--|---|

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

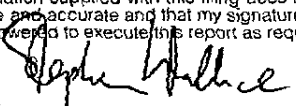
**1100000455743**  
**03/15/06-80020-022 500.00**  
DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>FD1000000768<br/>WESTLAKE CHEMICAL INVESTMENTS, INC.<br/>2801 POST OAK BLVD., SUITE 600<br/>HOUSTON TX 77056</b> | STREET ADDRESS           |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS           |  |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | CITY-ST-ZIP              |  |

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 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

**SIGNATURE:**  **Stephen Wallace** **Jan. 30, 2006** **(713) 960-9111**

STAPLE CHECK HERE