

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # B01000000147

1. Entity Name
THE JWH EMPLOYEE FUND, L.P.



Principal Place of Business

THE CORPORATION TRUST CO., CT TRUST CENTER
1209 ORANGE STREET
WILMINGTON, DE 19801

Mailing Address

301 YAMATO ROAD, SUITE 2200
BOCA RATON, FL 33431



03292007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1334744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, KENNETH S
301 YAMATO ROAD, SUITE 2200
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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

000000719090
05/01/07-80050-005 500.00

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

DOCUMENT # P01000070241
NAME WESTPORT CAPITAL MANAGEMENT CORP.
STREET ADDRESS 301 YAMATO ROAD, SUITE 2200
CITY-ST-ZIP BOCA RATON, FL 33431

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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:

KEN Webster

KEN Webster, President

3/27/07

561-241-0018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE