

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 26 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B01000000260

1. Entity Name  
THE ASPETUCK FUND, L.P.



Principal Place of Business  
THE CORPORATION TRUST COMPANY  
CT TRUST CENTER, 1209 ORANGE STREET  
WILMINGTON, DE 19801

Mailing Address  
301 YAMATO ROAD, SUITE 2200  
BOCA RATON, FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072005

Chg-LP

CR2E003 (10/03)

4. FEI Number 06-1596000  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAICA, PAUL  
301 YAMATO ROAD, SUITE 2200  
BOCA RATON, FL 33431

Name

Ken Webster

Street Address (P.O. Box Number is Not Acceptable)

301 Yamato Road

Suite 2200

City

Boca Raton

FL

Zip Code

33431

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.

4-11-05  
DATE

9. Capital Contributions  
as Shown on record. \$4,000,000.00

10. Amount of Capital Contributions  
In FLORIDA to date. \$1,000,000.00

\$526.25

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 CORPORATION  
STREET ADDRESS 301 YAMATO ROAD, SUITE 2200  
CITY-ST-ZIP BOCA RATON, FL 33431

13. ADDRESS CHANGES ONLY  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE