

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**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**



04112006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1596600**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WEBSTER, KEN  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**U00000522583  
05/03/06-80035-019 500.00**

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

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IN THIS SPACE**

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/13/06**

STAPLE CHECK HERE