

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # B03000000067

1. Entity Name
LARGO WESTMARC LIMITED PARTNERSHIP



Principal Place of Business
380 UNION STREET
WEST SPRINGFIELD, MA 01089

Mailing Address
380 UNION STREET
WEST SPRINGFIELD, MA 01089



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222005 Chg-LP CR2E003 (10/03)

4. FEI Number
04-3400448

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

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 registrant/agent and the

DATE

9. Capital Contributions as Shown on record. **\$3,744,179.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$3,744,179.00**

Supplemental
filed 5/4/05

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 # **F96000002275**
 NAME **NEPSA 1996 PROPERTY INVESTORS, INC.**
 STREET ADDRESS **380 UNION STREET**
 CITY-ST-ZIP **WEST SPRINGFIELD, MA 01089**

STREET ADDRESS

CITY-ST-ZIP

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U00000002110
05/05/05-80102-008 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/22/05

413-439-6306

Date

Daytime Phone #

STAPLE CHECK HERE