

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 19 AM 9:00

<b>DOCUMENT # B93000000258</b>			
<b>1. Entity Name</b> WESTCHESTER MALL ASSOCIATES LIMITED PARTNERSHIP			
<b>Principal Place of Business</b> C/O MIDWELL MGMT CORP. 60 EAST 42ND ST., STE 1814 NEW YORK, NY 10165		<b>Mailing Address</b> C/O MIDWELL MGMT CORP. 60 EAST 42ND ST., STE 1814 NEW YORK, NY 10165	
<b>2. Principal Place of Business</b> C/O MIDWELL MGMT CORP. Suite, Apt. #, etc. 430 PARK AVE, SUITE 505 City & State New York, NY Zip 10022		<b>3. Mailing Address</b> C/O MIDWELL MGMT CORP. Suite, Apt. #, etc. 430 PARK AVE, SUITE 505 City & State New York, NY Zip 10022	
<b>4. FEI Number</b> 06-6134255		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST SUITE 105 TALLAHASSEE, FL 32301		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>9. Capital Contributions</b> as Shown on record. \$40,000.00		<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000002836 WESTMALL REALTY CORP. 900 LONG BEACH BLVD. STRATFORD, CT 06615	STREET ADDRESS CITY-ST-ZIP	430 PARK AVE SUITE 505 New York, NY 10022
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
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<b>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</b>			
<b>SIGNATURE:</b>		Date: 7/7/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Daytime Phone #</small>	

STAPLE CHECK HERE