

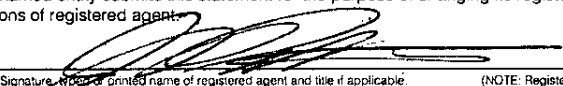



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90033 028 \*\*\*150.00

<b>DOCUMENT # P97000077633</b> 1. Entity Name <b>WESTWOOD MANAGEMENT OF FLORIDA, INC.</b>					
Principal Place of Business <b>550 HARBOR POINT ROAD</b> <b>LONGBOAT KEY, FL 34228</b> US			Mailing Address <b>550 HARBOR POINT ROAD</b> <b>LONGBOAT KEY, FL 34228</b> US		
2. Principal Place of Business <b>550 HARBOR POINT ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>46 N. WASHINGTON BLVD.</b> Suite, Apt. #, etc. <b>SUITE 1</b>			
City & State <b>LONGBOAT KEY, FL</b>		City & State <b>SARASOTA, FL</b>		4. FEI Number <b>65-0779621</b>	
Zip <b>34228</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WATSON, MARTIN S</b> <b>550 HARBOR POINT RD</b> <b>LONGBOAT KEY, FL 34228</b>				7. Name and Address of New Registered Agent Name <b>LPS CORPORATE SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>46 N. WASHINGTON BLVD.</b> <b>SUITE 1</b> City <b>SARASOTA</b> FL    Zip Code <b>34236</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.					
SIGNATURE:  DATE: <b>5/11/04</b> <small>Signature of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <b>JOHN PATTERSON, as President</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>WATSON, MARTIN S</b> <b>550 HARBOR POINT RD.</b> <b>LONGBOAT KEY, FL 34228</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>(941) 387-9172</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>MARTIN S. WATSON, President</b>					