


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90012 032 *****50.00

DOCUMENT # L01000003055	
1. Entity Name WESTCOAST ENERGY, LLC	

Principal Place of Business 9000 SHERIDAN STREET SUITE # 132 PEMBROKE PINES FL 33024	Mailing Address 9000 SHERIDAN STREET SUITE # 132 PEMBROKE PINES FL 33024
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ZU020341



1st MOORE CR2E083 (10/04)

2. Principal Place of Business 9000 Sheridan Street	3. Mailing Address 9000 Sheridan Street
Suite, Apt. #, etc. Suite 136	Suite, Apt. #, etc. Suite 136

City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33024	Country USA
Zip 33024	Country USA

4. FEI Number 80-0022268	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DEUTSCH, STEVEN W C/O FRANK, WEINBERG & BLACK, P.A. 7805 S.W. 6TH CT. PLANTATION FL 33324	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME CRUZ, CLEMENTE E	
STREET ADDRESS 9000 SHERIDON STREET STE 132	
CITY-ST-ZIP PEMBROKE PINES FL 33024	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRUZ, CLEMENTE E.	
STREET ADDRESS 9000 Sheridan Street, Suite 136	
CITY-ST-ZIP Pembroke Pines, FL, 33024	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #