


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000083194 1. Entity Name WESTBROOK FINANCIAL, LLC	
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FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business 3866 SW 30TH AVE HOLLYWOOD, FL 33312	Mailing Address 3866 SW 30TH AVE HOLLYWOOD, FL 33312
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07082008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-1962406	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, MARK D PRESIDENTIAL CIRCLE 4000 HOLLYWOOD BOULEVARD STE 435 HOLLYWOOD, FL 33021	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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)

07/22/08-80712-005 138.75

FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MORALES, GENE
STREET ADDRESS	3866 S.W. 30TH AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	MGR
NAME	MORALES, NANCY
STREET ADDRESS	3866 S.W. 30TH AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

11. 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 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, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #