

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042284

FILED
Apr 05, 2007
Secretary of State

Entity Name: WESTWING PROPERTIES LLC

Current Principal Place of Business:

4155 EAST MOWRY DRIVE
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

4155 EAST MOWRY DRIVE
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 06-1746432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

ALINA ZANETTI-LEON
4155 EAST MOWRY DRIVE
HOMESTEAD, FL 33033 US

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.

SIGNATURE: ALINA ZANETTI-LEON

04/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GONZALEZ, CHARLES
Address: 4155 EAST MOWRY DRIVE
City-St-Zip: HOMESTEAD, FL 33033

Title: MGR () Delete
Name: RUTTER, JOSIAH
Address: 4155 EAST MOWRY DRIVE
City-St-Zip: HOMESTEAD, FL 33033

Title: ST () Delete
Name: GONZALEZ, CHARLES
Address: 4155 EAST MOWRY DRIVE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES GONZALES

MGR

04/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date