2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000063100

1. Entity Name

WEST COAST BEACH PARTNERS,LLC



FILED Apr 04, 2008 08:00 AN Secretary of State

Principal Place of Business

3001 WEST HALLANDALE BEACH BLVD.

SUITE 300

PEMBROKE PARK, FL 33009

Mailing Address

3001 WEST HALLANDALE BEACH BLVD.

SUITE 300

PEMBROKE PARK, FL 33009



03252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 84-1682818 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

JAZAYRI, SAM 3001 WEST HALLANDALE BEACH BLVD SUITE 300 PEMBROKE PARK, FL 33009

DO NOT WRITE IN THIS SPACE

		CANALLY BAR MANUEL MANUEL BARRES SANTA	
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.			<u> </u>
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DAIE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	UO	10000881206 5708-80091 -020 13 8 :75
9.	MANAGING MEMBERS/MANAGERS	25.489499259F ' 201 4 /48	7/18=81/051 -020 135075
TITLE	MGRM		
NAME	JAZAYRI, SAM MGRM		
STREET ADDRESS	3001 WEST HALLANDALE BEACH BLVD.		
CITY-ST-ZIP	PEMBROKE PARK, FL 33009		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME	·		
STREET ADDRESS			- 14761
CITY-ST-ZIP		I DO NO	WRITE
TITLE		TUIC	CDACE
NAME	`		SPACE
STREET ADDRESS			
CITY-ST-ZIP			
ΠΠΕ			
NAME	•		
STREET ADDRESS			
CITY-ST-ZIP			

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPE TO BOATED MANE OF SIGNING MANAGING MEMBER OF AUTHORIZED DEDDERSOTATIVE

3/20/08

954 981 1154

Daytime i