

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106077

FILED
Mar 24, 2008
Secretary of State

Entity Name: WEST DRIVE COMMERCIAL COMPLEX, LLC

Current Principal Place of Business:

445 WEST DRIVE
SUITE 104
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

445 WEST DRIVE
SUITE 104
MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 20-3708346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VENTURE MANAGEMENT GROUP, INC.
445 WEST DRIVE
SUITE 104
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAUSER, H W
Address: 10601 CHARLESTON DR
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM () Delete
Name: OSTERHOUT, ALFRED B
Address: 570 INDIAN BAY BLVD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM () Delete
Name: SMITH, MITCHELL
Address: 6385 SOUTH US 1
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: OSTERHOUT, ALFRED B
Address: 3332 CAT BRIER TRAIL
City-St-Zip: HARMONY, FL 34773

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

I hereby certify that the information supplied with this filing does not qualify 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: H.W, HAUSER

MGRM

03/24/2008

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