


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 4/ May 15, 2008 8:00 am
 Secretary of State

04-15-2008 90100 004 ***138.75

DOCUMENT # L07000045605

1. Entity Name
DOMINION WESTSHORE, LLC



Principal Place of Business Mailing Address
712 SOUTH OREGON AVE., SUITE 200 **712 SOUTH OREGON AVE., SUITE 200**
TAMPA, FL 33606 **TAMPA, FL 33606**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1414 W SWANN AVE **1414 W SWANN AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 100 **SUITE 100**

03062008 Chg-LLC CR2E083 (12/06)

City & State City & State
TAMPA, FL **TAMPA, FL**
 Zip Country Zip Country
33606 **33606** **33606** **33606** **33606**

4. FEI Number Applied For
20-8994986 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MCNAMARA, THOMAS P
2907 BAY TO BAY BLVD., SUITE 201
TAMPA, FL 33629

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 reselecting) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to:
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRUSEN, W. ANDREW JR. 712 SOUTH OREGON AVE., SUITE 200 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1414 W SWANN AVE, SUITE 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DOUGLAS N 712 SOUTH OREGON AVE., SUITE 200 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1414 W SWANN AVE, SUITE 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REED, DAVID H 1414 W. SWANN AVE., STE. 100 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Angie N. Jones* 3-25-08 813-837-3009
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Telephone #