

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064298

FILED
Jul 23, 2009
Secretary of State

Entity Name: WEST PARK CARS, L.L.C.

Current Principal Place of Business:

4350 OAKES ROAD
STE 500
FT. LAUDERDALE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4350 OAKES ROAD
STE 500
FT. LAUDERDALE, FL 33314

New Mailing Address:

FEI Number: 30-0428768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HEARON, WILLIAM C ESQ
ONE S.E. THIRD AVE.
STE 3000
MIAMI, FL 33131 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: MGR () Delete
Name: ENGBRETSSEN, ERIK
Address: 4350 OAKES ROAD, STE 500
City-St-Zip: FT. LAUDERDALE, FL 33314

Title: MGRM () Delete
Name: BJORKLUND, ANDERS
Address: 4350 OAKES ROAD, STE 500
City-St-Zip: FT. LAUDERDALE, FL 33314

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ENGBRETSSEN, ERIK
Address: 4350 OAKES ROAD, STE 500
City-St-Zip: FT. LAUDERDALE, FL 33314

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: ANDERS BJORKLUND

MGRM

07/23/2009

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