

**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
FILED

FEB 03 1997

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

97 MAR 17 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE**  
**\$ 203.75** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company  
**DOCUMENT #L94000000371**  
**WESTMARK ASSOCIATES DEVELOPMENT COMPANY, L**  
**.C.**  
**4445 HWY A-1-A**  
**SUITE 150B**  
**VERO BEACH FL**

1a. Principal Place of Business Address

**4445 HWY A-1-A**  
**SUITE 150B**  
**VERO BEACH FL**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

08/03/1994

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

City & State

City & State

59-3265255

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

03/19/1996

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

**MECHLING, CHARLES**  
**4445 HWY A-1-A**  
**SUITE 150B**  
**VERO BEACH FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

900002116219-4

03/18/97 01072-004

\*\*\*203.75 \*\*\*203.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	BAUER, DAVID C	4050 WESTMARK DR	DUBUQUE IA
MEM	FALB, MARK C	4050 WESTMARK DR	DUBUQUE IA
D	MALONE, RONALD R	4050 WESTMARK DR	DUBUQUE IA
MGM	BAUER, DAVID C	4050 WESTMARK DR	DUBUQUE IA
MEM	MALONE, RONALD R	4050 WESTMARK DR	DUBUQUE IA

*R. Alan*  
3/17/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

David C. Bauer, Member

2/24/97

(319) 589-1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #