

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000008927  
 1. Entity Name  
 WEST DRIVE CORPORATE CENTER, LLC



Principal Place of Business: 445 WEST DRIVE, STE 103, MELBOURNE, FL 32904  
 Mailing Address: 445 WEST DRIVE, STE 103, MELBOURNE, FL 32904



04262004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3614602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HUMPHRIES, J. GREGORY ESQUIRE  
 300 SOUTH ORANGE AVENUE  
 SUITE 100  
 ORLANDO, FL 32801-3373

**DO NOT WRITE IN THIS SPACE**

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 re-instating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAUSER, HOWARD 10601 CHARLESTON DR. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BULL, ROBERT A 4383 HORSESHOE BEND MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OSTERHOUT, ALFRED B 570 INDIAN BAY BLVD MERRITT ISLAND, FL 32953
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11. I 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 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: *Vin Kelly* Date: 4/26/04 Daytime Phone #: 321-726-8543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #