

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008927

FILED
Jan 27, 2005
Secretary of State

Entity Name: WEST DRIVE CORPORATE CENTER, LLC

Current Principal Place of Business:

445 WEST DRIVE, STE 103
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

445 WEST DRIVE, STE 103
MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 59-3614602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMPHRIES, J. GREGORY ESQUIRE
300 SOUTH ORANGE AVENUE
SUITE 100
ORLANDO, FL 328013373 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/MEMBERS:

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

Title: MGRM () Delete
Name: BULL, ROBERT A
Address: 4383 HORSESHOE BEND
City-St-Zip: MERRITT ISLAND, FL 32953

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

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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

01/27/2005

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