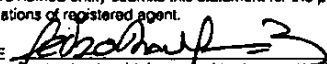
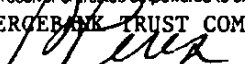


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-10-2006 90036 032 ****55.00

DOCUMENT # L05000033736					
1. Entity Name WEST INDIES FUND WIF MANAGEMENT, LLC					
Principal Place of Business 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134			Mailing Address 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03232006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				☐ Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRESIDENTIAL SERVICES INCORPORATE 1217 CAPE CORAL PARKWAY #300 CAPE CORAL, FL 33904				Name CTC Management Services, LLC.	
				Street Address (P.O. Box Number is Not Acceptable)	
				220 Alhambra Circle, 11th Floor	
				City Coral Gables	State FL Zip Code 33134
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 		PEDRO RAUL POMA, Authorized Representative (Signature, typed or printed name of registered agent/representative if applicable)		3/23/2006 (NOTE: Registered Agent signature required when reappointing) DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TRAMM TRUST 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COMMERCEBANK TRUST COMPANY, N.A. 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.					
COMMERCEBANK TRUST COMPANY N.A., AS MANAGER SIGNATURE:  Anthony Perea 3-23-2006 (305) 441-5555 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					