

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015135

FILED
Feb 19, 2007
Secretary of State

Entity Name: WESTFORK, LLC

Current Principal Place of Business:

158 GRAND LAGOON SHORE DR.
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

158 GRAND LAGOON SHORE DR.
PANAMA CITY BEACH, FL 32408

New Mailing Address:

FEI Number: 02-0690715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOSKIN, SUSAN E
158 GRAND LAGOON SHORE DR.
PANAMA CITY BEACH, FL 32408 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: MGRM () Delete
Name: SOSKIN, SUSAN E
Address: 158 GRAND LAGOON SHORE DR.
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGRM () Delete
Name: WEST, DARRYL JOHN
Address: 158 GRAND LAGOON SHORE DR.
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: S () Delete
Name: SOSKIN, DARLENE
Address: 158 GRAND LAGOON SHORES DR
City-St-Zip: PANAMA CITY, FL 32408

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 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: SUSAN SOSKIN

MGRM

02/19/2007

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