

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000033736 1. Entity Name WEST INDIES FUND WIF MANAGEMENT, LLC						<div style="border: 1px solid black; padding: 5px; display: inline-block;"> ACCOUNTS PAYABLE DEPT. 2007 FEB 12 P 3-27 RECEIVED </div>	
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 - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CTC MGMT SRVS., LLC 220 ALHAMBRA CIR 11TH FL MIAMI, FL 33134				7. Name and Address of New Registered Agent Name CTC Management Services, LLC Street Address (P.O. Box Number is Not Acceptable) 220 Alhambra Circle, 11th Floor City Coral Gables 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 <u><i>Pedro R. Parna</i></u> PEDRO R. PARNA AUTHORIZED SIGNATURE <u>1-5-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COMMERCEBANK TRUST COMPANY, N.A. 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>1) <i>[Signature]</i></u> <u>2) <i>[Signature]</i></u> 1/5/07 (305) 441-5555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							

1) Authorized Signature 2) Authorized Signature