


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 4/ May 15, 2008 8:00 am
 Secretary of State

04-15-2008 90100 004 ***138.75

DOCUMENT # L07000045605
 1. Entity Name
 DOMINION WESTSHORE, LLC



Principal Place of Business Mailing Address
 712 SOUTH OREGON AVE., SUITE 200 712 SOUTH OREGON AVE., SUITE 200
 TAMPA, FL 33606 TAMPA, FL 33606



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1414 W SWANN AVE 1414 W SWANN AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE 100 SUITE 100

03062008 Chg-LLC CR2E083 (12/06)

City & State City & State
 TAMPA, FL TAMPA, FL
 Zip Country Zip Country
 33606 33606

4. FEI Number Applied For
 20-8994986 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCNAMARA, THOMAS P
 2907 BAY TO BAY BLVD., SUITE 201
 TAMPA, FL 33629

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City FL Zip Code _____

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 reselecting) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to:
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRUSEN, W. ANDREW JR. 712 SOUTH OREGON AVE., SUITE 200 TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DOUGLAS N 712 SOUTH OREGON AVE., SUITE 200 TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REED, DAVID H 1414 W. SWANN AVE., STE. 100 TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1414 W SWANN AVE, SUITE 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1414 W SWANN AVE, SUITE 100
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Angie N. Jones 3-25-08 813-837-3009
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytona Phone #