


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 225721 1. Entity Name WESTLAKE SHOPPING CENTER, INC.	
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Principal Place of Business 2295 CORPOARATE BLVD. NW SUITE 131 BOCA RATON, FL 33431 US	Mailing Address 2295 CORPOARATE BLVD. NW SUITE 131 BOCA RATON, FL 33431 US
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02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-2582695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JOSEPH BARRY SCHIMMEL 9400 S. DADELAND BLVD. SUITE 600 MIAMI, FL 33156
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

U000000040377
02/05/04-80045-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEIGER, JONATHAN G 9447 BENHURST AVE. SAN DIEGO, CA 92122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAHN, RONALD 45 KING STREET OBERLIN, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROSMAN, LEONARD 145 SIMONE DR POUGHKEEPSIE, NY 12603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSSMAN, DAVID 1752 WHITE WATER DR. ROCHESTER, MI 48309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leonard Grossman LEONARD GROSSMAN 2/4/04 845454-5329
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #