



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90073 036 ****50.00

DOCUMENT # L00000007426 1. Entity Name WEST PARK CENTER, L.L.C.					
Principal Place of Business 1548 THE GREENWALL #3 JACKSONVILLE BEACH, FL 32250			Mailing Address 1548 THE GREENWALL #3 JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business <i>1548 The Greens Way</i> Suite, Apt. #, etc. <i>Suite 3</i> City & State		3. Mailing Address <i>1548 The Greens Way</i> Suite, Apt. #, etc. <i>Suite 3</i> City & State			
Zip Country		Zip Country		4. FEI Number 59-3732171 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04132005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent DEVLIN, WALLACE R JR 1548 THE GREENWALL #3 JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1548 The Greens Way, Suite 3</i> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEVLIN, WALLACE R SR 7518 ALBERT TILLINGHAST DR SARASOTA, FL 34249	<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	MGR DEVLIN, WALLACE R JR 8535-3 BAYMEADOWS ROAD SUITE 153 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1548 The Greens Way, St. 3</i> <i>Jacksonville BEACH, FL 32250</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEFFERON, MICHAEL 25 OLD MISSION AVE ST AUGUSTINE, FL 32084	<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	MGR SMITH, KELLY 25 OLD MISSION AVE ST AUGUSTINE, FL 32084	<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	V MSCUE JR, EDWARD R 1548 THE GREEN WAY SUITE 3 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>McCue, Edward R.</i>	
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	
11. 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<div style="display: flex; justify-content: space-between;"> <i>4-13-05</i> <i>904-5830026</i> </div> <small>Date Daytime Phone #</small>		