2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000010572

1. Entity Name
WESTLAKE MILLER, LLC

Principal Place of Business	Mailing Address
131 5TH STREET N.W. WINTER HAVEN, FL 33881	P.O. BOX 21850 LOS ANGELES, CA 90021

02242004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3667639
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR.
CLEARWATER, FL 33761

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

Filing Fee is $50.00
Due by May 1, 2004

U00000078993
03/08/04-80048-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LIEFER, DALE G
STREET ADDRESS	1320 E. OLYMPIC BLVD #208
CITY-ST-ZIP	LOS ANGELES, CA 90021
TITLE	MGR
NAME	MILLER, JEFFREY A
STREET ADDRESS	1320 E. OLYMPIC BLVD #208
CITY-ST-ZIP	LOS ANGELES, CA 90021
TITLE	MGR
NAME	POMEROY, KENT S
STREET ADDRESS	1320 E. OLYMPIC BLVD #208
CITY-ST-ZIP	LOS ANGELES, CA 90021
TITLE	MGR
NAME	GIDDINGS, WYNE
STREET ADDRESS	361 ESCAMBIA DR.
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kent Pomeroy Kent S. Pomeroy 2/24/04 213/624-8676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #