

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000011918

1. Entity Name
METRO WEST, L.L.C.



Principal Place of Business
**% SOUTHSTAR DEVELOPMENT PARTNERS, INC.
255 AHLAMBRA CIRCLE, SUITE 312
CORAL GABLES, FL 33134**

Mailing Address
**% SOUTHSTAR DEVELOPMENT PARTNERS, INC.
255 AHLAMBRA CIRCLE, SUITE 312
CORAL GABLES, FL 33134**



01252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1045549

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FL INC.
390 N. ORANGE AVENUE, SUITE 1100
ORLANDO, FL 32801**

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BENSON, NATHAN D
448 VIKING DR., STE. 220
VIRGINIA BEACH, VA 23452**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GOTTLIEB, RAYMOND
448 VIKING DR., STE. 220
VIRGINIA BEACH, VA 23452**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____