

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90020 010 \*\*\*138.75

**DOCUMENT # L00000013477**

1. Entity Name  
WESTWOOD APARTMENTS, L.L.C.



Principal Place of Business

P.O. BOX 24943  
C/O BANTA PROPERTIES  
FORT LAUDERDALE, FL 33307

Mailing Address

P.O. BOX 24943  
C/O BANTA PROPERTIES  
FORT LAUDERDALE, FL 33307

**60040041**



04042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1052062**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BANTA, BRADFORD C  
4050 NORTHEAST 1ST AVENUE, SUITE 117  
OAKLAND PARK, FL 33334

**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 \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
BANTA, CATHERINE M  
P.O. BOX 24943  
FORT LAUDERDALE, FL 33307

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
BANTA, BRADFORD  
P.O. BOX 24943  
FORT LAUDERDALE, FL 33307

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

**4-25-08**

Date

**954-566-0759**

Daytime Phone #