

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013477

FILED  
Apr 17, 2009  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

C/O BANTA PROPERTIES, INC.  
4050 N.E. 1ST AVENUE, #117  
OAKLAND PARK, FL 33334

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-1052062      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BANTA, CATHERINE M  
Address: P.O. BOX 24943  
City-St-Zip: FORT LAUDERDALE, FL 33307

Title: MGR ( ) Delete  
Name: BANTA, BRADFORD  
Address: P.O. BOX 24943  
City-St-Zip: FORT LAUDERDALE, FL 33307

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRADFORD C. BANTA      MGR      04/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date