²2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L01000000297

1. Entity Name
WESTCOAST CADD, LLC



Principal Place of Business

333 INTERSTATE BLVD SARASOTA, FL 34240 Mailing Address

333 INTERSTATE BLVD SARASOTA, FL 34240

FILED Mar 08, 2007 8:00 am Secretary of State

03-08-2007 90191 014 ****50.00

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02152007 No Chg-LLC

CR2E083 (11/05)

I. FEI Number				Applied For
65-1072320)		i	Not Applicable
5. Certificate of Stat	us Desired	□ ·	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

STREETS, WILLIAM 333 INTERSTATE BLVD. SARASOTA, FL 34240

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02/27/07

Date

7413211680

8. The above the obligati	named entity submits this statement for the purpose of changi ions of registered agent.	ing its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	ling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STREETS, WILIAM 759 STONECREST DR 2137 KINGS DOW SARASOTA, FL 34232	~ DR 34240		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	OT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not quality 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 flave 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.				