

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000000326

1. Entity Name
WEST END SHOPPES, L.C.



Principal Place of Business

**575 S WICKHAM RD
SUITE E
WEST MELBOURNE, FL 32904**

Mailing Address

**575 S WICKHAM RD
SUITE E
WEST MELBOURNE, FL 32904**

DO NOT WRITE IN THIS SPACE



04162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-2827484

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARK, COY A
575 S WICKHAM RD
SUITE E
WEST MELBOURNE, FL 32904**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CLARK, COY A
STREET ADDRESS	575 SO. WICKHAM ROAD- STE. E
CITY- ST- ZIP	WEST MELBOURNE, FL 32904

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CITY- ST- ZIP	

U00000530451
05/05/06-80115-020 50.00

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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: Coy A. Clark

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

4-17-06 (321) 723-9888

DATE

Daytime Phone #