| 2007 LIMITED LIABILITY COMPANY<br>ANNUAL REPORT  |   |    |  |  |
|--|---|----|--|--|
| DOCUMENT # L010000<br>1. Entity Name<br>METRO WEST, L.C.                               | 000340  |    |  |  |
| Principal Place of Business<br>575 S WICKHAM RD<br>SUITE E<br>WEST MELBOURNE, FL 32904 | Mailing Address<br>575 S WICKHAM RD<br>SUITE E<br>WEST MELBOURNE, FL 3290 | )4 |  |  |
| DO NOT WRI   | TE IN THIS SPA  | CE |  |  |

**FILED** Jan 29, 2007 08:00 AM Secretary of State



01052007 No Chg-LLC CR2E083 (11/05)

| . FEI Number | Applied For    |
|--------------|----------------|
| 59-2715792   | Not Applicable |
|              | <br>           |

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

the obligations of registered agent.

| DO | NOT  | WRITE        |
|----|------|--------------|
| IN | THIS | <b>SPACE</b> |

| SIGNATURE.                                     | Signature, typed or printed name of registered agent and title if applicable.  | (NOTE Registered Agent signature required when reinstaling)   | DATE   |
|--|--|---|--|
| F  | iling Fee is \$50.00<br>ue by May 1, 2007  | , ,   | 000000608973<br>02/01/07-80032-012 50.00   |
| 9.   | MANAGING MEMBERS/MANAGERS  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGRM CLARK, COY A 575 S. WICKHAM RD. STE. E MELBOURNE, FL 32904  | <u></u>   |  |
| TITLE NAME STREET ADDRESS CITY-ST-DP           |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | DO  | NOT WRITE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | IN .  | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   |  |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP          |  |   | <del></del>  |
| 11. I hereby indicated limited lia             | certify that the information supplied with this filing does not on this report is true and accurate and that my signature stability company or the receiver or trustee empowered to exer | qualify for the exemptions contained in Chapter 13<br>nati have the same legal effect as if made under o<br>cute this report as required by Chapter 608, Floric | <ul> <li>19, Florida Statutes. I further certify that the information<br/>ath; that I am a managing member or manager of the<br/>da Statutes.</li> </ul> |

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