

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000001737 | |
| 1. Entity Name WEST CONSULTING LLC. | |
| Principal Place of Business 116 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701 | Mailing Address 116 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701 |



DO NOT WRITE IN THIS SPACE

01032005 No Chg-LLC

CR2E083 (10/03)

| | |
|--|--|
| 4. FEI Number 59-3699379 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**MURPHY, JOHN B
116 SIXTH STREET SOUTH
ST. PETERSBURG, FL 33701**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------------------|
| TITLE | MGRM |
| NAME | MURPHY, JOHN B |
| STREET ADDRESS | 116 SIXTH STREET SOUTH |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33701 |

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| STREET ADDRESS | |
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04/27/05-80115-012 55.00**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/23/05 707-898-7442

Date

Daytime Phone #