

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L01000002965</b> 1. Entity Name <b>WESTIE MANAGEMENT LLC</b>			<b>FILED</b> <b>05 MAY -2 PM 3:50</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>																																								
Principal Place of Business <b>2300 GLADES ROAD, SUITE 302E BOCA RATON, FL 33431</b>		Mailing Address <b>2300 GLADES ROAD, SUITE 302E BOCA RATON, FL 33431</b>																																									
<b>DO NOT WRITE IN THIS SPACE</b>																																											
																																											
		04272005 No Chg-LLC      CR2E083 (10/03)																																									
		4. FEI Number <b>65-1077923</b>																																									
		Applied For <input type="checkbox"/> Not Applicable																																									
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																									
6. Name and Address of Current Registered Agent  <b>SCIARRETTA, STEVEN A 2300 GLADES ROAD, SUITE 302E BOCA RATON, FL 33431</b>		<b>DO NOT WRITE IN THIS SPACE</b>																																									
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 <u><i>Steven Sciarretta</i></u> 4/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																											
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>																																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>SCIARRETTA, STEVEN A ESQ</td></tr><tr><td>STREET ADDRESS</td><td>2300 GLADES ROAD, SUITE 302E</td></tr><tr><td>CITY-ST-ZIP</td><td>BOCA RATON, FL 33431</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	MGR	NAME	SCIARRETTA, STEVEN A ESQ	STREET ADDRESS	2300 GLADES ROAD, SUITE 302E	CITY-ST-ZIP	BOCA RATON, FL 33431	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<b>200054229422</b> <b>05/10/05--01090--001 **4423.75</b>  <b>DO NOT WRITE IN THIS SPACE</b>	
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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)(i), 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: <u><i>Steven Sciarretta</i></u> 4/29/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>																																											