

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90085 014 *****50.00

DOCUMENT # L01000009458

1. Entity Name

WEST-BUSSEY LLC



Principal Place of Business

~~600 S ORLANDO AVE~~
~~SUITE 101~~
~~MAITLAND FL 32751~~
~~US~~

Mailing Address

~~600 S ORLANDO AVE~~
~~SUITE 101~~
~~MAITLAND FL 32751~~
~~US~~



2. Principal Place of Business

600 S. Orlando Ave
Suite 301

3. Mailing Address

600 S. Orlando Ave
Suite 301

City & State

Maitland, FL

City & State

Maitland, FL

Zip 32751

Country

US

Zip 32751

Country

US

2nd MOORE

CR2E083 (4/06)

4. FEI Number

59-3727187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEST, PAUL S
2982 HARBOUR LANDING WAY
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WEST, PAUL S
STREET ADDRESS 2982 HARBOUR LANDING WAY
CITY- ST- ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE MGRM
NAME BUSSEY, WILLIAM W
STREET ADDRESS 2110 TERRACE BLVD.
CITY- ST- ZIP LONGWOOD FL 32779 ☐ Delete

TITLE MGRM
NAME WEST, ANNE M
STREET ADDRESS 2982 HARBOUR LANDING WAY
CITY- ST- ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE MGRM
NAME BUSSEY, LAMONDA
STREET ADDRESS 2110 TERRACE BLVD.
CITY- ST- ZIP LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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:

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

Date

Daytime Phone: #

PAUL S. WEST
MANAGING MEMBER

7/17/06

(407) 331-7511