

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010105

Entity Name: WESTOVER HOLDINGS, LLC

FILED
Jan 23, 2008
Secretary of State

Current Principal Place of Business:

189 SAN JUAN DRIVE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

189 SAN JUAN DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3726279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, BOND & LATSHAW, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STOUDEMIRE, CARL E III
Address: 189 SAN JUAN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: STOUDEMIRE, JOYCE B TRUSTEE
Address: 189 SAN JUAN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: STOUDEMIRE, CARL E TRUSTEE
Address: 189 SAN JUAN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARL E. STOUDEMIRE, III

MGRM

01/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date