

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90212 007 ****50.00



DOCUMENT # L01000011303

1. Entity Name

MDC WESTGATE DEVELOPMENT, LLC

Principal Place of Business

3501 PGA BLVD., STE 201
 PALM BEACH GARDENS FL 33410

Mailing Address

3501 PGA BLVD., STE 201
 STE D 5
 PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address



1st MOORE CR2E083 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-1155137

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYLE, CONRAD J
 500 EAST BROWARD BLVD.
 SUITE 1950
 FT. LAUDERDALE FL 33394

Name: Craig I. Menin

Street: c/o Menin Development Companies

3501 PGA Blvd.

Suite 201

City: Palm Beach Gardens, FL 33410

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

Craig I. Menin

1-21-05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MENIN, CRAIG I 3501 PGA BLVD., STE 201 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

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

Craig I. Menin

Date

Daytime Phone #

1-21-05 561-282-5000