

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000011303

**FILED**  
**Jul 27, 2006**  
**Secretary of State**

**Entity Name:** MDC WESTGATE DEVELOPMENT, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-1155137      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MENIN, CRAIG I  
C/O MENIN DEVELOPMENT COMPANIES  
3501 PGA BLVD., STE 201  
PALM BEACH GARDENS, FL 33410 US

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:** MENIN, CRAIG I  
**Address:** 3501 PGA BLVD., STE 201  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT C JACOBY

MGRM

07/27/2006

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