## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: DAVIC (TORGON

BIONATURE AND TYPED OR PRINTED HAVE OF SIGNING MANAGING MELIBER, OR AUTHORIZED REFRESENTATIVE

## Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # L01000012935 1. Entity Name WILD WEST PROPERTY MANAGEMENT, LLC Principal Place of Business Mailing Address 4815 BUSCH BLVD 4815 BUSCH BLVD #205 #205 TAMPA, FL 33617 TAMPA, FL 33617 03232005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1126553 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M DO NOT WRITE 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236 IN THIS SPACE 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 Sonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent argneture required when reinstating Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS ۵. TITLE NAME GORDON, DAVID B 4815 E. BUSCH BLVD. #208 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33617 IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. Thereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

**FILED** 

813-287-1078