

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90141 011 ****50.00

DOCUMENT # L01000012935

1. Entity Name
WILD WEST PROPERTY MANAGEMENT, LLC



Principal Place of Business

4815 BUSCH BLVD
#205
TAMPA, FL 33617

Mailing Address

4815 BUSCH BLVD
#205
TAMPA, FL 33617

2. Principal Place of Business - No P.O. Box #

14502 N. DALE MABRY
Suite, Apt. #, etc.
Suite 200

3. Mailing Address

14502 N. DALE MABRY
Suite, Apt. #, etc.
Suite 200

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33618

Country

USA

Zip

33618

Country

USA

01132007 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-1126553

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **GORDON, DAVID B**
STREET ADDRESS **4815 E. BUSCH BLVD. #208**
CITY - ST - ZIP **TAMPA, FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE **P** ☒ Change ☐ Addition
NAME **Gordon, David B.**
STREET ADDRESS **14502 N. DALE MABRY - Suite 200**
CITY - ST - ZIP **TAMPA, FL 33618**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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 #