## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L01000013604**

1. Entity Name
WESTSTAR, LLC

FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

3405 DORADO WAY P.O. BOX 7037 NAPLES, FL 34101 Mailing Address

3405 DORADO WAY P.O. BOX 7037 NAPLES, FL 34101



04082007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3737302

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

6. Name and Address of Current Registered Agent

ALVAREZ, AGUSTIN 3405 DORADO WAY NAPLES, FL 34105

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NAPLES, FL 34105			IN THIS SPACE		
8. The above the obligat	e named entity submits this statement for the purpose of chations of registered agent.	anging its registered	office or registered agent, or b	ooth, in the State of Florida. I am familiar t	with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent eignature required when reinstating)		DATE	
	iling Fee is \$50.00 ue by May 1, 2007			. U00000706459 04/24/07-80034-021	50.00
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, AGUSTIN 3405 DORADO WAY NAPLES, FL 34105				
TITLE NAME STREET ADDRESS					

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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:

TITLE NAME STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

MEMBER OF AUTHORIZED REPRESENTATIVE

MURM OA-10-0