
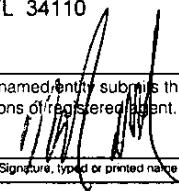
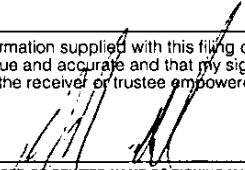


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90075 010 ****55.00

DOCUMENT # L01000018646 1. Entity Name WESTPOINTS DEVELOPMENT, L.L.C.					
Principal Place of Business 1004 COLLIER CENTER WAY SUITE 100 NAPLES, FL 34110			Mailing Address 1004 COLLIER CENTER WAY SUITE 100 NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box # 1035 Collier Center Way		3. Mailing Address 1035 Collier Center Way			
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3			
City & State Naples, FL		City & State Naples, FL			
Zip 34110	Country U.S.A.	Zip 34110	Country U.S.A.	4. FEI Number 65-0487977	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILLER, MATTHEW T 1004 COLLIER CENTER WAY SUITE 100 NAPLES, FL 34110			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1035 Collier Center Way Suite 3 City Naples FL Zip Code 34110		
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  DATE 8/15/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, JOHN II 1004 COLLIER CENTER WAY NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1035 Collier Center way, Suite 3 Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM MILLER, JOHN CHARLES 1004 COLLIER CENTER WAY NAPLES, FL 34110		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM MILLER, MATTHEW T 1004 COLLIER CENTER WAY NAPLES, FL 34110		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM MILLER, MATTHEW T 1004 COLLIER CENTER WAY NAPLES, FL 34110		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM MILLER, MATTHEW T 1004 COLLIER CENTER WAY NAPLES, FL 34110		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM MILLER, MATTHEW T 1004 COLLIER CENTER WAY NAPLES, FL 34110		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM MILLER, MATTHEW T 1004 COLLIER CENTER WAY NAPLES, FL 34110		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM MILLER, MATTHEW T 1004 COLLIER CENTER WAY NAPLES, FL 34110		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM MILLER, MATTHEW T 1004 COLLIER CENTER WAY NAPLES, FL 34110		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM MILLER, MATTHEW T 1004 COLLIER CENTER WAY NAPLES, FL 34110		<input type="checkbox"/> Delete	
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: 				Date 8/15/07 Daytime Phone # 239-597-8866	