


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90238 011 ***138.75

DOCUMENT # L01000018646 1. Entity Name WESTPOINTS DEVELOPMENT, L.L.C.	
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Principal Place of Business 1035 COLLIER CENTER WAY SUITE 3 NAPLES, FL 34110	Mailing Address 1035 COLLIER CENTER WAY SUITE 3 NAPLES, FL 34110
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60014190



02202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0487977	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, MATTHEW T 1035 COLLIER CENTER WAY SUITE 3 NAPLES, FL 34110

DO NOT WRITE 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.

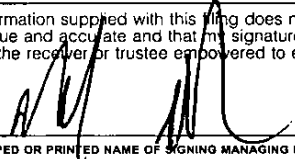
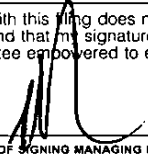
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, JOHN II 1035 COLLIER CENTER WAY SUITE 3 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, JOHN CHARLES 1035 COLLIER CENTER WAY SUITE 3 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, MATTHEW T 1035 COLLIER CENTER WAY SUITE 3 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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, OR AUTHORIZED REPRESENTATIVE 2/27/08 239-597-8866
Date Daytime Phone