
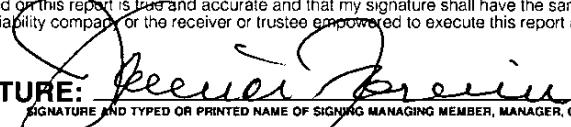


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90109 034 ****50.00

DOCUMENT # L01000022546			
1. Entity Name WEST PALM BEACH APARTMENTS, WEST, L.C.			
Principal Place of Business 2408 FLORIDA ST. WEST PALM BEACH, FL 33406		Mailing Address PO BOX 30247 WEST PALM BEACH, FL 33420	
2. Principal Place of Business 18789 SE Windward Isl Ln.		3. Mailing Address	
Suite, Apt. #, etc. J		Suite, Apt. #, etc.	
City & State Jupiter FL		City & State	
Zip 33458	Country	Zip	Country
6. Name and Address of Current Registered Agent FORIERE, AMERIGO 2408 FLORIDA ST. WEST PALM BEACH, FL 33406		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18789 SE Windward Island Ln. City Jupiter FL Zip Code 33458	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORIERE, AMERIGO 2408 FLORIDA ST. WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18789 SE Windward Island Ln. Jupiter, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORIERE, JANICE 2408 FLORIDA ST. WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18789 SE Windward Island Ln. Jupiter 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 2/23/05 501-301-1687	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

40010764



02182005 Chg-LLC CR2E083 (10/03)

4. FEI Number 90-0000925 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required