


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90024 010 ****50.00

DOCUMENT # L02000005529	
1. Entity Name 300 WEST, LLC	

Principal Place of Business 200 S. BISCAYNE BLVD. SUITE 1880 C/O DAVID M. GOLDSTEIN, ESQ. MIAMI, FL 33131	Mailing Address 200 S. BISCAYNE BLVD. SUITE 1880 C/O DAVID M. GOLDSTEIN, ESQ. MIAMI, FL 33131
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2. Principal Place of Business 6301 N. OCEAN BLVD. Suite, Apt. #, etc.	3. Mailing Address 6301 N. Ocean Blvd. Suite, Apt. #, etc.
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City & State OCEAN Ridge, FL	City & State Ocean Ridge, FL
Zip 33435	Zip 33435
Country Palm Beach	Country Palm Beach

6. Name and Address of Current Registered Agent GOLDSTEIN, DAVID M ESQ. 200 S. BISCAYNE BLVD. SUITE 1880 C/O DAVID M. GOLDSTEIN, ESQ. MIAMI, FL 33131	
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01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 45-0472327	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MALNIK, ALVIN		NAME	
STREET ADDRESS 200 S. BISCAYNE BLVD. SUITE 1880		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33131		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **3-2-06 (561) 733-3333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #