


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000009392</b> 1. Entity Name WESTER DEVELOPMENT, LLC	
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Principal Place of Business 309 LAKE HOBBS ROAD LUTZ, FL 33548	Mailing Address 309 LAKE HOBBS ROAD LUTZ, FL 33548
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04152004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-3041021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  WESTER, J. MEREDITH 309 LAKE HOBBS ROAD LUTZ, FL 33548
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**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.

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WESTER, JAMES CLINTON JR. 309 LAKE HOBBS ROAD LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WESTER, J. MEREDITH 309 LAKE HOBBS ROAD LUTZ, FL 33548
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04/19/04-80102-012 50.00

**DO NOT WRITE  
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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:** James Clinton Wester Jr 4/12/04 813-876-9083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #