


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

APPROVED  
AND  
FILED

06 MAY -9 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000011362  
1. Entity Name  
WESTIE COVER, LLC



Principal Place of Business  
C/O STEVEN A. SCIARRETTA P.A.  
2300 GLADES RD., STE. 302-EAST  
BOCA RATON, FL 33431

Mailing Address  
C/O STEVEN A. SCIARRETTA P.A.  
2300 GLADES RD., STE. 302-EAST  
BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**



05012006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3656613	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  
SCIARRETTA, STEVEN A ESQUIRE  
2300 GLADES RD., SUITE 302-EAST  
BOCA RATON, FL 33431

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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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCIARRETTA, STEVEN A ESQ 2300 GLADES RD. #302 E BOCA RATON, FL 33431
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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: *Steven A. Sciarretta* 5-1-09  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #