

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90020 032 ****50.00

DOCUMENT # L02000011537

1. Entity Name
 980 WEST HOLDING CO. LLC



Principal Place of Business
 C/O NORMAN BECKER CPA
 2404 HOLLYWOOD BLVD.
 HOLLYWOOD, FL 33020

Mailing Address
 C/O NORMAN BECKER CPA
 2404 HOLLYWOOD BLVD.
 HOLLYWOOD, FL 33020

2. Principal Place of Business
 1909 TYLER ST
 Suite, Apt. #, etc.
 603

3. Mailing Address
 1909 TYLER ST
 Suite, Apt. #, etc.
 603

City & State
 Hollywood FL

City & State
 Hollywood FL

Zip
 33020

Country
 USA

Zip
 33020

Country
 USA

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 01-0718570

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BECKER, NORMAN CPA
 2404 HOLLYWOOD BLVD.
 HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name
 Norman Becker

Street Address (P.O. Box Number is Not Acceptable)
 1909 Tyler Street #603

City
 Hollywood FL

Zip
 33020

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 Norman Becker DATE 4/28/05

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

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 P	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BECKER, NORMAN CPA		NAME	
STREET ADDRESS 2404 HOLLYWOOD BLVD		STREET ADDRESS 1909 TYLER ST. STE 603	
CITY-ST-ZIP HOLLYWOOD, FL 33020		CITY-ST-ZIP HOLLYWOOD FL 33020	
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 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: Norman Becker NORMAN BECKER DATE 4/28/05 DAYTIME PHONE # 954-925-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE