



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		4. FEI Number 01-0718570	
Zip 33020		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>Norman Becker</u> DATE <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	P BECKER, NORMAN CPA 2404 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1909 TYLER ST. STE 603 HOLLYWOOD FL 33020	<input checked="" 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
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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: <u>Norman Becker</u> <u>NORMAN BECKER</u> <u>4/28/05</u> <u>954-925-1422</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					