



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -8 AM 10: 05

DOCUMENT # L02000012932 1. Entity Name WEST GARDEN HOLDINGS, LLC					
Principal Place of Business 1248 CEYLON DRIVE GULF BREEZE, FL 32563			Mailing Address 1248 CEYLON DRIVE GULF BREEZE, FL 32563		
2. Principal Place of Business 2607 EDMUND DRIVE Suite, Apt. #, etc.		3. Mailing Address 2607 EDMUND DR Suite, Apt. #, etc.			
City & State		City & State		08022005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 01-0705161	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SHAW, JOHN R 1248 CEYLON DRIVE GULF BREEZE, FL 32563				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2607 EDMUND DRIVE EDMUND 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAW, JOHN R 1248 CEYLON DR GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2607 EDMUND DRIVE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060050487 09/28/05--01054--014 **\$0.00		700060050487 09/28/05--01054--014 **\$0.00		
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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: <u>John R Shaw</u> Date: <u>8/20/05</u> Daytime Phone # _____					