

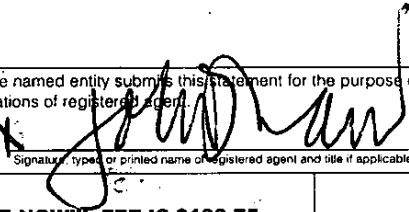
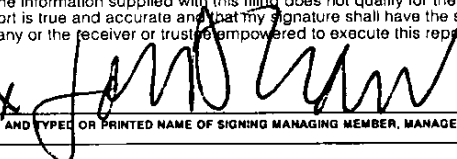


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90204 011 ***138.75

DOCUMENT # L02000012932 1. Entity Name WEST GARDEN HOLDINGS, LLC					
Principal Place of Business 2607 EDMUND DRIVE GULF BREEZE, FL 32563			Mailing Address 2607 EDMUND DRIVE GULF BREEZE, FL 32563		
2. Principal Place of Business - No P.O. Box # 1340 QUIET COVE CT Suite, Apt. #, etc.		3. Mailing Address 1340 QUIET COVE CT Suite, Apt. #, etc.			
City & State FLORIDA GULF BREEZE, FL		City & State GULF BREEZE, FL		4. FEI Number 01-0705161	
Zip 32563		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAW, JOHN R 2607 EDMUND DRIVE GULF BREEZE, FL 32563				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1340 QUIET COVE CT City GULF BREEZE FL Zip Code 32563	
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:  DATE: 4/28/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			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 2607 EDMUND DRIVE 1340 QUIET COVE CT GULF BREEZE, FL 32563			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				Date: 4/28/08 Daytime Phone #	