



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90449 011 \*\*\*\*50.00

<b>DOCUMENT # L02000015559</b> 1. Entity Name <b>WESTERN CAPITAL GROUP I, L.L.C.</b>					
Principal Place of Business <b>54 N.E. FOURTH AVE. DELRAY BEACH, FL 33483</b>			Mailing Address <b>PO BOX 541271 LAKE WORTH, FL 33454-1271</b>		
2. Principal Place of Business <b>6281 ETHAN DR.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LAKE WORTH, FL</b>		City & State		4. FEI Number <b>01-0723180</b>	
Zip <b>33467</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MONAGHAN, TIMOTHY E 54 N.E. FOURTH AVE. DELRAY BEACH, FL 33483</b>			7. Name and Address of New Registered Agent Name <b>PATRICK MANGONON</b> Street Address (P.O. Box Number is Not Acceptable) <b>6281 ETHAN DR.</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</b>		
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><i>Patrick T. Mangonon</i></u> DATE <u><i>4/17/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP MAGONON, PATRICK T 6281 ETHAN DR LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANGONON, PATRICK 6281 ETHAN DR. LAKE WORTH, FL 33467	
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	
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><i>Patrick T. Mangonon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u><i>4/17/04</i></u>		Daytime Phone # <u><i>(561) 313-6283</i></u>