2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018969

1. Entity Name

WESTPOINT GOLDCOAST, LLC



FILED Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1096 EAST NEWPORT CENTER DRIVE STE. 100 DEERFIELD BEACH, FL 33442 1096 EAST NEWPORT CENTER DRIVE STE. 100 DEERFIELD BEACH, FL 33442



DO NOT WRITE IN THIS SPACE

03182004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 54-2065914

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM 1096 EAST NEWPORT CENTER DRIVE STE. 100 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

		[
	named entity submits this statement for the purpose of chang ions of registered agent.	jing its registerer	d office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered	Agent signature required when reinstating)	CATE
Fi	iling Fee is \$50.00 ue by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTTERS, MALCOLM 1096 EAST NEWPORT DR. DEERFIELD BEACH, FL 33442			U00000139577 N4/29/N4-80126-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 1	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

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 eath, that I am a managing member or manager of the limited hability company or the receiver or truefee enhancement to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIG

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/04

954 570-8111

Daytime Phone #