2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # L02000018973 WESTPOINT CENTER, LLC Principal Place of Business Mailing Address 1096 EAST NEWPORT CENTER DRIVE, SUITE 100 1096 EAST NEWPORT CENTER DRIVE, SUITE 100 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 04182005 No Chq-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1619207 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUTTERS, MALCOLM DO NOT WRITE 1096 EAST NEWPORT CENTER DRIVE, SUITE 100 DEERFIELD BEACH, FL 33442 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 U000000344550 <u>04/29/05-80139-018 50.00</u> 9. MANAGING MEMBERS/MANAGERS TITLE MGR BUTTERS, MALCOLM NAME STREET ADDRESS 1096 EAST NEWPORT CENTER DRIVE, SUITE 100 CITY ST-ZIP DEERFIELD BEACH, FL 33442 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

FILED

11. I hereby certify that the information supplied with this filing roes not qualify foundloated on this report is true and accurate and that my signature shall have. exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath, that I ort as required by Chapter 608, Florida Statutes that I am a managing member or manager of the limited liability company or the receiver or trustee empow

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING ME