


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90039 040 \*\*\*\*50.00

<b>DOCUMENT # L02000018975</b>	
1. Entity Name <b>WESTPOINT INDUSTRIAL, LLC</b>	

Principal Place of Business <b>1096 EAST NEWPORT CENTER DRIVE, STE 100 DEERFIELD BEACH, FL 33442</b>	Mailing Address <b>1096 EAST NEWPORT CENTER DRIVE, STE 100 DEERFIELD BEACH, FL 33442</b>
---	---

2. Principal Place of Business <b>6820 LYONS TECHNOLOGY CIRCLE</b> Suite, Apt. #, etc. <b>#100</b> City & State <b>COCONUT CREEK, FL.</b> Zip <b>33073</b> Country <b>USA</b>	3. Mailing Address <b>6820 LYONS TECHNOLOGY CIRCLE</b> Suite, Apt. #, etc. <b>#100</b> City & State <b>COCONUT CREEK, FL.</b> Zip <b>33073</b> Country <b>USA</b>
---	---



03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>54-2065922</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>BUTTERS, MALCOLM</b> <b>1096 EAST NEWPORT CENTER DRIVE, STE 100</b> <b>DEERFIELD BEACH, FL 33442</b>	
--	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6820 LYONS TECHNOLOGY CIRCLE, #100</b> City <b>COCONUT CREEK</b> <b>FL</b> Zip Code <b>33073</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 <i>M. BUTTERS</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>04/28/06</i> (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BUTTERS, MALCOLM</b> <b>1096 E. NEWPORT CENTER DR., #100</b> <b>DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6820 LYONS TECHNOLOGY CIRCLE, #100</b> <b>COCONUT CREEK, FL. 33073</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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.

<b>SIGNATURE:</b> <i>M. BUTTERS</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<i>04/28/06</i> Date	<i>954-570-8111</i> Daytime Phone #
---	-------------------------	--