2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000020722

1. Entity Name
BBH WESTPOINT, LLC

Principal Place of Business	Mailing Address
6820 LYONS TECHNOLOGY CIRLCE SUITE 100 COCONUT CREEK, FL 33073 US	6820 LYONS TECHNOLOGY CIRLCE SUITE 100 COCONUT CREEK, FL 33073 US

DO NOT WRITE IN THIS SPACE

04102007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
01-0741991	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM
6820 LYONS TECHNOLOGY CIRLCE
SUITE 100
COCONUT CREEK, FL 33073

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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)   DATE

**Filing Fee Is $50.00
Due by May 1, 2007**

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BUTTERS, MALCOLM
STREET ADDRESS	6820 LYONS TECHNOLOGY CIRLCE SUITE 100
CITY-ST-ZIP	COCONUT CREEK, FL 33073

TITLE	
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CITY-ST-ZIP	

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05/21/07-80004-001 50.00

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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: _____ M. Butters 4/30/07 954 570-B111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #