

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 03, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000020998**

1. Entity Name  
**WEST SHORE CAPITAL, LLC**



Principal Place of Business  
**81 SEAGATE DR, #1402  
NAPLES, FL 34103**

Mailing Address  
**81 SEAGATE DR, #1402  
NAPLES, FL 34103**



01312005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2287036**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BURKS, KEITH W  
81 SEAGATE DRIVE, #1402  
NAPLES, FL 34103**

**DO NOT WRITE  
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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRP  
BURKS, KEITH W  
81 SEAGATE DR, #1402  
NAPLES, FL 34103**

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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000000213126  
02/03/05-80059-001 50.00

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IN THIS SPACE**

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: *Keith W. Burks* KEITH W. BURKS**

**1-31-05**

**239-435-3956**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #