2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# L02000023924

Entity Name: FLORIDA WEST COVERED RV & BOAT STORAGE, L.L.C.

Current Principal Place of Business:

4450 ALT. 19
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 906
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 51-0425522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEIZER, NORMAN
2035 N. POINT ALEXIS DRIVE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WEIZER, NORMAN
Address: 2035 N. PO INT ALEXIS DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGR ( ) Delete
Name: WEIZER, DIANE R
Address: 2035 N. PO INT ALEXIS DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NORM WEIZER MGR 01/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date