

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

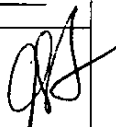

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000024188			
1. Entity Name FIRC WESTGATE LLC			
Principal Place of Business 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145 US		Mailing Address 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145 US	
2. Principal Place of Business - No P.O. Box # 2665 S. Bayshore Dr. Suite, Apt. #, etc. Suite # 302 City & State Coconut Grove, FL Zip 33133 Country USA		3. Mailing Address 2665 S. Bayshore Dr. Suite, Apt. #, etc. Suite # 302 City & State Coconut Grove, FL Zip 33133 Country USA	
4. FEI Number 65-0678147		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FIRC MANAGEMENT, INC. 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name FIRC Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Dr. Suite # 302 City Coconut Grove FL Zip Code 33133	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State 	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MANSFIELD USA, INC. 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Mansfield USA, Inc. 2665 S. Bayshore Dr. Suite # 302 Coconut Grove, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		4/9/07 (305) 860-2300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	