

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025559

FILED
Apr 26, 2005
Secretary of State

Entity Name: WEST ASSOCIATES, L.L.C.

Current Principal Place of Business:

24 BANK STREET
NEW MILFORD, CT 06776

New Principal Place of Business:

Current Mailing Address:

24 BANK STREET
NEW MILFORD, CT 06776

New Mailing Address:

FEI Number: 56-2293291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGR () Delete
Name: ROSEN, EUGENE H
Address: 24 BANK ST
City-St-Zip: NEW MILFORD, CT 06776

Title: MGR () Delete
Name: WEINSTEIN, BRUCE
Address: 24 BANK ST
City-St-Zip: NEW MILFORD, CT 06776

Title: MGR () Delete
Name: MCGEE, MKHAEL S
Address: 24 BANK ST
City-St-Zip: NEW MILFORD, CT 06776

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: MCGEE, MICHAEL S
Address: 24 BANK ST
City-St-Zip: NEW MILFORD, CT 06776

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EUGENE H. ROSEN

MGR

04/26/2005

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