## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

## May 14, 2008 8:00 am Secretary of State DOCUMENT # L02000028507 1. Entity Name 05-14-2008 90082 015 \*\*\*138.75 WEST END REAL ESTATE, L.L.C. Mailing Address Principal Place of Business 3634 SOUTHWEST 57TH AVENUE 3634 SOUTHWEST 57TH AVENUE MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 05-0554413 Not Applicable Zip Couritry Country QiS \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOHATCH, JOHN S ESQ. BOHATCH, JOHN S ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 7301 SW 57TH CT STE 560 7501 SW 57TH CT STE560 **MIAMI FL 33143** SOUTH MIAMI 33143 8. The above named entity submits this state pose 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. (NOTE: Registeral: Agent sig lattire required when reinstating) Signature, typed or primed na FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM XX Delete TITLE MGRM ☐ Change XIX Addition MEDEROS, ESTELA NAME NAME MEDEROS, ESTELA R. 3634 SOUTHWEST 57TH AVENUE STREET ADDRESS STREET ADDRESS 3634 SW 57TH AVENUE C!TY - ST - ZIP MIAMI FL 33155 CITY-ST-ZIP MIAMI FL 33155 1:113 ☐ Delete TITLE MGRM ☐ Change XIX Addition NAME NAME MEDEROS, IRENE STREET ADDRESS STREET ADDRESS 3634 SW 57TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 THILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIE CITY-ST-ZiP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CHY-ST-ZIE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Fforida 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 path; 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. limited liability company or the receiver or

ESTELA R. MEDEROS, MGRM

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**