2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000030141

WESTPOINT INDUSTRIAL II, LLC



Principal Place of Business

Mailing Address

1096 EAST NEWPORT CENTER DR., STE, 100 DEERFIELD BEACH, FL 33442

1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442

FILED Apr 29, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03182004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 03-0491880 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM 1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of charions of registered agent.	ging its registered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signalure required when reinstating)	DATE	
Fi De	iling Fee is \$50.00 ue by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTTERS, MALCOLM 1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442		U00000139572 04/29/04~80126-013 50.0 0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME		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 of this tage improved to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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