


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000030141 1. Entity Name WESTPOINT INDUSTRIAL II, LLC	
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Principal Place of Business 6820 LYONS TECHNOLOGY CIRLCE SUITE 100 COCONUT CREEK, FL 33073 US	Mailing Address 6820 LYONS TECHNOLOGY CIRLCE SUITE 100 COCONUT CREEK, FL 33073 US
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0491880	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 BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CIRLCE SUITE 100 COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE

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.

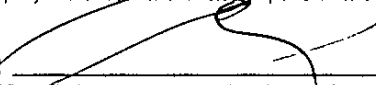
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CIRLCE SUITE 100 COCONUT CREEK, FL 33073
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<p>U00000752126 05/21/07-80004-002 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **Butters** **4/30/07** **954 570-8111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #