


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90344 032 \*\*\*\*50.00

**DOCUMENT # L02000031170**

1. Entity Name  
**WEST FORSYTH PARKING, LLC**



Principal Place of Business  
**600 BRICKELL AVENUE, SUITE 800  
 MIAMI, FL 33131**

Mailing Address  
**600 BRICKELL AVENUE, SUITE 800  
 MIAMI, FL 33131**

00033819

2. Principal Place of Business - No P.O. Box #  
**777 Brickell Avenue**

3. Mailing Address  
**777 Brickell Avenue**

Suite, Apt. #, etc.  
**suite 808**

Suite, Apt. #, etc.  
**suite 808**



03282007 Chg-LLC CR2E083 (12/06)

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**42-1561248**

Applied For  
 Not Applicable

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SEVILLA, CHARLOTTE R  
 600 BRICKELL AVENUE, SUITE 800  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
**Loretta Cockrum**

Street Address (P.O. Box Number is Not Acceptable)  
**777 Brickell Avenue  
 suite 808**

City  
**Miami**

FL Zip Code  
**33131**

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 *Loretta Cockrum* **Loretta Cockrum** **3/29/07**

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**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERLON INVESTMENTS CORP <input type="checkbox"/> Delete 600 BRICKELL AVE STE 800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NG LU, SIONG <input type="checkbox"/> Delete 600 BRICKELL AVE STE 800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 777 Brickell Ave, suite 808 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 777 Brickell Ave., suite 808 Miami, FL 33131
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Loretta Cockrum* **Loretta Cockrum** **3/29/07** **305 358-9809**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #