~~2006~~ LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000032064

1. Entity Name
WESTCO PROPERTIES, LLC

Principal Place of Business	Mailing Address
509 GUISANDO DE AVILA STE. 200 TAMPA, FL 33613	509 GUISANDO DE AVILA STE. 200 TAMPA, FL 33613

02072006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3886598
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIERRA, J. ROBERT
509 GUISANDO DE AVILA
STE. 200
TAMPA, FL 33613

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SIERRA, J. ROBERT
STREET ADDRESS	509 GUISANDO DE AVILA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	VP
NAME	GRAY, THOMAS H
STREET ADDRESS	509 GUISANDO DE AVILA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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03/04/06-80057-005 50.00

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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 registrar or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] - THOMAS H. GRAY 2/15/06 813-963-5556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #