


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000001037	
1. Entity Name MITCHELL/WEST, LLC	

Principal Place of Business 3100 MERION DRIVE MIRAMAR BEACH, FL 32550	Mailing Address PO BOX 1637 SANTA ROSA BEACH, FL 32459
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DO NOT WRITE IN THIS SPACE



01072005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0402011	<input type="checkbox"/> 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 MITCHELL, G. ELLIOTT 3100 MERION DRIVE MIRAMAR BEACH, FL 32550	DO NOT WRITE IN THIS SPACE
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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 _____ (Signature, typed or printed name of registered agent and title if applicable) **DATE** _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL, GEORGE E 3100 MERION DRIVE MIRAMAR BEACH, FL 32550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEST, HERBERT C 3100 MERION DRIVE MIRAMAR BEACH, FL 32550	
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01/10/05-80068-022 50.00

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

SIGNATURE: *George E. Mitchell* 1/7/05

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