

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90108 042 \*\*\*\*50.00

DOCUMENT # L03000001813

1. Entity Name

BUSSEY-WEST LLC



Principal Place of Business

600 S. ORLANDO AVE. STE. 301  
MAITLAND FL 32751

Mailing Address

600 S. ORLANDO AVE. STE. 301  
MAITLAND FL 32751

2. Principal Place of Business

600 S. Orlando Ave

3. Mailing Address

600 S. Orlando Ave

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

USA

Zip

32751

Country

USA

4. FEI Number

11-3673317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEST, PAUL S  
600 S. ORLANDO AVE. STE. 301  
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name (change of address only)

Street Address (P.O. Box Number is Not Acceptable)

Suite 301

City

Maitland

FL

Zip Code

32751

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/2004

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
NAME Paul S. West  
STREET ADDRESS 2982 Harbour Landing Way  
CITY-ST-ZIP Casselberry, FL 32807

TITLE NAME ☐ Delete  
NAME Anne M. West  
STREET ADDRESS 2982 Harbour Landing Way  
CITY-ST-ZIP Casselberry, FL 32807

TITLE NAME ☐ Delete  
NAME William W. Bussey  
STREET ADDRESS 2110 Terrace Blvd.  
CITY-ST-ZIP Longwood, FL 32779

TITLE NAME ☐ Delete  
NAME Lamonda Bussey  
STREET ADDRESS 2110 Terrace Blvd.  
CITY-ST-ZIP Longwood, FL 32779

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

Paul S. West  
PAUL S. WEST  
Managing Member 1/26/2004 (407) 678-9111