


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

APPROVED  
AND  
FILED

06 MAY -9 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000004466</b> 1. Entity Name <b>WESTIE PROPERTY MANAGEMENT, LLC</b>	
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Principal Place of Business <b>C/O STEVEN A. SCIARETTA, P.A. 2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431</b>	Mailing Address <b>C/O STEVEN A. SCIARETTA, P.A. 2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431</b>
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05012006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3765115</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SCIARETTA, STEVEN A C/O STEVEN A. SCIARETTA, P.A. 2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCIARETTA, STEVEN A ESQ 2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431
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**05/12/06--01015--030 \*\*3956.25**

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

Date

Daytime Phone #

5-1-06  
519  
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