

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90028 010 ****50.00

DOCUMENT # L03000004717					
1. Entity Name 152 WEST, LLC					
Principal Place of Business 2045 14TH AVE. VERO BEACH, FL 32960			Mailing Address P.O. BOX 130 VERO BEACH, FL 32961		
2. Principal Place of Business		3. Mailing Address PO Box 12660			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Vero Beach, FL			
Zip	Country	Zip 32961	Country	4. FEI Number 51-0448759	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROSSWAY, MOORE & TAYLOR 5070 NORTH HIGHWAY A1A SUITE 200 VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name: <u>Wilton R. Banack</u> Street Address (P.O. Box Number is Not Acceptable): <u>6075 Atlantic Blvd</u> City: <u>Vero Beach</u> FL Zip Code: <u>32966</u>		
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: <u>[Signature]</u> DATE: <u>4/25/06</u> 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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BANACK, WILTON 2045 14TH AVENUE VERO BEACH, FL 32960	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Wilton R. Banack 6075 Atlantic Blvd Vero Beach, FL - 32966
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAZEL, DOUG 1816 HWY A, SUITE 210 WASHINGTON, MO 63009	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Change ☐ Addition		☐ Change ☐ 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: <u>[Signature]</u>			Date: <u>4/25/06</u> Daytime Phone #: <u>(772) 567-2026</u>		