


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000005982 1. Entity Name AMERWEST DEVELOPMENT, LLC	
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Principal Place of Business 1860 OLD OKEECHOBEE ROAD SUITE 508 WEST PALM BEACH, FL 33409	Mailing Address 1860 OLD OKEECHOBEE ROAD SUITE 508 WEST PALM BEACH, FL 33409
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DO NOT WRITE IN THIS SPACE



03022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1180181	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LANG, MICHAEL R
1860 OLD OKEECHOBEE ROAD SUITE 508
WEST PALM BEACH, FL 33409

**DO NOT WRITE
IN THIS SPACE**

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	MGRM LANG, MICHAEL R 1860 OLD OKEECHOBEE ROAD SUITE 508 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIDWEST CONTRACTORS, INC. 1860 OLD OKEECHOBEE ROAD SUITE 508 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/06/06-80068-020 55.00

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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: Michael R Lang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

17 Apr 2006 561-684-2227
Date Daytime Phone #