2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# L03000005999

Entity Name: WESTFALL RESIDENTIAL, LLC

Current Principal Place of Business:

3837 NORTHDALE BLVD.
#344
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

3837 NORTHDALE BLVD.
#344
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-3767574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESTFALL, KIRK
3837 NORTHDALE BLVD.
#344
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

WESTFALL, KIRK R PD
3837 NORTHDALE BLVD.
344
TAMPA, FL 33624 US

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.

SIGNATURE: KIRK WESTFALL 04/22/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WESTFALL, KIRK
Address: 3837 NORTHDALE BLVD. SUITE 344
City-St-Zip: TAMPA, FL 33624

Title: MGRM ( ) Delete
Name: WESTFALL, MARIA
Address: 3837 NORTHDALE BLVD. SUITE 344
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

Title: PD (X) Change ( ) Addition
Name: WESTFALL, KIRK R
Address: 3837 NORTHDALE BLVD. STE. 344
City-St-Zip: TAMPA, FL 33624

Title: MGRM (X) Change ( ) Addition
Name: WESTFALL, MARIA
Address: 3837 NORTHDALE BLVD. STE. 344
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KIRK WESTFALL PD 04/22/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date