

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 16, 2007  
Secretary of State**

DOCUMENT# L03000009160

Entity Name: 6500 WEST LLC

**Current Principal Place of Business:**

100 NORTHEAST 15TH STREET  
SUITE #215  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

100 NORTHEAST 15TH STREET  
SUITE #215  
HOMESTEAD, FL 33030

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BASS, ADAM  
100 NORTHEAST 15TH STREET  
SUITE #201  
HOMESTEAD, FL 33030 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Delete  
Name:                      BASS, A.  
Address:                      100 NORTHEAST 15TH STREET, SUITE 215  
City-St-Zip:                      HOMESTEAD, FL 33030 US

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ADAM BASS

MR.

07/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date