## **4000 LIMITED LIABILITY GUMPANT ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000009323

1. Entity Name WEST, LLC

**FILED** Mar 10, 2008 08:00 AN Secretary of State

Principal Place of Business

1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323-2840

Mailing Address

1100 INTERNATIONAL PARKWAY SUNRISE, FL 33323-2840



02222008No Chq-LLC

CR2E083 (12/07)

4. FEI Number 76-0739140 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HINDEN, JON A ESQUIRE 4430 SOUTHWEST 64TH AVENUE **DAVIE, FL 33314** 

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8.	The above named entity su	ubmits this statement for the	nurpose of changing its regist	ered office or registered ager	nt, or both, in the State of Floric	la. I am familiar with, and accept
	the obligations of registere	d agent.				

SIGNATURE.

Signature, typed or printed name of registered agent and title it applicable

(NOTE: Registered Agent signature required when reinstating)

U00000854214

03/26/08-80099-018 143.75

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE VAME STREET ADDRESS DITY+ST-ZIP	MGRM WEST, CHARLES E JR. 1100 INTERNATIONAL PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS SITY-ST-ZIP	MGR HOLTZ, DIANE E 1100 INTERNATIONAL PKWY SUNRISE, FL 33323
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ITLE IAME TREET ADDRESS	
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TLE AME TREET ADDRESS ITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,

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I hereby certify that the information supplied with this filling 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.