

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90040 040 ****50.00

14007460



DOCUMENT # L03000010056	
1. Entity Name WESTCITY PLANTATION, LLC	



Principal Place of Business 150 E. PALMETTO PARK RD 401 BOCA RATON, FL 33432 US	Mailing Address 150 E. PALMETTO PARK RD 401 BOCA RATON, FL 33432 US
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

4. City & State	5. City & State
-----------------	-----------------

6. City & State	7. City & State
-----------------	-----------------

8. Name and Address of Current Registered Agent SIMIGRAN, KENNETH H 150 E. PALMETTO PARK RD SUITE 401 BOCA RATON, FL FL	9. Name and Address of New Registered Agent SIMIGRAN, KENNETH H 150 E. PALMETTO PARK RD SUITE 401 BOCA RATON, FL FL
---	---

10. Signature of Registered Agent <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	11. Date DATE
--	------------------

12. Filing Fee is \$50.00 Due by May 1, 2005	13. Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMIGRAN, KENNETH H 150 E. PALMETTO PARK RD. #340 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOUGLAS, STEPHEN M 150 E. PALMETTO PARK RD #401 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

14. 2005	15. Chg-LLC	16. CR2E083 (10/03)
----------	-------------	---------------------

17. FEI Number 56-2437993	18. Applied For Not Applicable
------------------------------	-----------------------------------

19. Certificate of Status Desired \$5.00 Additional Fee Required	20. Name and Address of New Registered Agent Name 120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432 Zip Code
---	--

21. 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.

22. Filing Fee is \$50.00 Due by May 1, 2005	23. Make check payable to Florida Department of State
---	--

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE NOTE OUR NEW ADDRESS: 120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432 (\$61) 394-7400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	