


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90356 002 \*\*\*\*50.00

**DOCUMENT # L03000010056**

1. Entity Name  
**WESTCITY PLANTATION, LLC**



Principal Place of Business <b>120 E. PALMETTO PARK RD          SUITE 410          BOCA RATON, FL 33432 US</b>	Mailing Address <b>120 E. PALMETTO PARK RD          SUITE 410          BOCA RATON, FL 33432 US</b>
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2. Principal Place of Business - No P.O. Box # <b>One Financial Plaza</b>	3. Mailing Address <b>One Financial Plaza</b>
Suite, Apt. #, etc. <b>Suite 102</b>	Suite, Apt. #, etc. <b>Suite 102</b>
City & State <b>Ft. Lauderdale FL</b>	City & State <b>Ft. Lauderdale FL</b>
Zip <b>33394</b>	Country <b>USA</b>

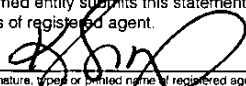


03062007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>56-2437993</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SIMIGRAN, KENNETH H          120 E. PALMETTO PARK RD          SUITE 410          BOCA RATON, FL 33432</b>	7. Name and Address of New Registered Agent Name <b>Simigran, Kenneth H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>One Financial Plaza</b> <b>Suite 102</b> City <b>Ft. Lauderdale FL</b> Zip Code <b>33394</b>
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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  DATE **4-17-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIMIGRAN, KENNETH H 120 E PALMETTO PARK RD, STE 410 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One Financial Plaza, Suite 102 Ft. Lauderdale FL 33394</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOUGLAS, STEPHEN M 120 E PALMETTO PARK RD, STE 410 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One Financial Plaza, Suite 102 Ft. Lauderdale FL 33394</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4-17-07** (954) 666-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #