

*2004*  
**LIMITED LIABILITY COMPANY**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *L030000/3730*

1. Entity Name  
*WESTLAND Development, LLC*



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 JAN -2 PM 2:31

*10/10/04*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*3985 LAKESHORE Dr.*

Suite, Apt. #, etc.

3. Mailing Address

*3985 LAKESHORE Dr.*

Suite, Apt. #, etc.

City & State

*Palm Harbor*

City & State

*FLORIDA*

4. FEI Number

*582667218*

Applied For

Not Applicable

Zip *34684*

Country *USA*

Zip *34684*

Country *USA*

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name *RANDALL W LAIRD*

Street Address (P.O. Box Number is Not Acceptable)

*3985 LAKESHORE Dr.*

City *Palm Harbor*

FL Zip Code *34684*

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

*Randall W Laird*

*12-29-03*

DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE *MANAGER*  
 NAME *Randall W Laird*  
 STREET ADDRESS *3985 LAKESHORE Dr.*  
 CITY-ST-ZIP *PALM HARBOR FL 34684*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
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TITLE  
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*30000259000523*  
*12/31/03-01061--001 \*\*\$55.00*

TITLE  
 NAME  
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TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Randall W Laird*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*12-29-03 / 727458344*

Date

Daytime Phone #

CR2E083B (12/02)