

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014781

Entity Name: P&C WESTERKAMP, LLC

FILED
Jul 08, 2005
Secretary of State

Current Principal Place of Business:

550 NORTH REO STREET, SUITE 302
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

550 NORTH REO STREET, SUITE 302
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-1780861 FEI Number Applied For () FEI Number Not Applicable () 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:

JEFFREY A. DOWD, P.A.
3016 US HIGHWAY 301 N.
SUITE 900
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

JEFFREY A. DOWD, P.A.
609 WEST LUMSDEN ROAD
VALRICO, FL 33511 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:

07/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WESTERKAMP, PETER E.C.
Address: 550 NORTH REO STREET, SUITE 302
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: WESTERKAMP, CHRISTINA D.S.
Address: 550 NORTH REO STREET, SUITE 302
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER E.C. WESTERKAMP

PRES

07/08/2005

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