

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90107 024 ****50.00

DOCUMENT # L03000015585

1. Entity Name
TRI-VEST WESTPOINT II, LLC



Principal Place of Business
**5000 T-REX AVE., STE. 150
BOCA RATON, FL 33431**

Mailing Address
**5000 T-REX AVE., STE. 150
BOCA RATON, FL 33431**

DO NOT WRITE IN THIS SPACE



02042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
06-1711501

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIEGEL, NED L
5000 T-REX AVE., STE. 150
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SIEGEL, NED L
5000 T-REX AVENUE STE 150
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ROTHMAN, FRED B
5000 T-REX AVENUE STE 150
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

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

MEMBER

4/05/05

Date

(561) 978-9200

Daytime Phone #