2006 LIMITED LIABILITY COMPANY

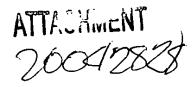
May 02, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L03000015585 05-02-2006 90035 047 ****50.00 TRI-VEST WESTPOINT II. LLC 20042828 Principal Place of Business Mailing Address 5000 T-REX AVE., STE. 150 BOCA RATON, FL 33431 5000 T-REX AVE., STE. 150 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEL Number Applied For 06-1711501 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIEGEL, NED L Street Address (P.O. Box Number is Not Acceptable) 5000 T-REX AVE., STE. 150 BOCA RATON, FL 33431 Zip Code 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. . MGR ☐ Delete TITI F Change ☐ Addition TITLE SIEGEL NED L SIEGAL, NED L NAME NAME 5000 T-REX AVENUE STE 150 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Addition TITLE ROTHMAN, FRED B. RORYMAN, FRED B NAME NAME STREET ADDRESS 5000 T-REX AVENUE STE 150 STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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. FRED B LOTHMAN

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

CITY-ST-7IP

FILED



5000 T-Rex Avenue, Suite 150 Boca Raton, FL 33431 Tel: (561) 998-9200 Fax: (561) 998-7882

VIA CERTIFIED MAIL 7006 0100 0002 3717 5917

April 27, 2006

Florida Department of State Division of Corporations PO Box 6478 Tallahassee, FL 32314

RE: Annual Report - 2006

Enclosed, please find the below listed entities payment(s) for the annual report, as follows:

Entity	Document #	<u>Pa</u>	yment
Tri-Vest Westpoint II, LLC	L03000015585	\$	50.00
The Siegel Holding Group, LLP	LLP030002914	\$	25.00
Tri-Vest Florida, LLC	L01000018148	\$	50.00

Very truly yours,

Roseann Coraci