
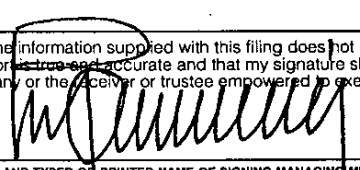


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90165 010 ****50.00

DOCUMENT # L03000018889					
1. Entity Name WESTERN CONSTRUCTION AND DEVELOPMENT, LLC					
Principal Place of Business 240 LAKEVIEW DR. 308 WESTON, FL 33326			Mailing Address 240 LAKEVIEW DR. 308 WESTON, FL 33326		
2. Principal Place of Business 16115 SW 117 Ave.		3. Mailing Address			
Suite, Apt. #, etc. A-23		Suite, Apt. #, etc.			
City & State Miami, FL		City & State			
Zip 33177 Country U.S.A.		Zip		Country	
4. FEI Number 20-0079732					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MAZZA-MARTINEZ, TANIA A MS. 9130 SOUTH DADELAND BLVD. 1600 MIAMI, FL 33156					
7. Name and Address of New Registered Agent Name MARIA C. CABANAS Cabanas & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26 ST. - C 201 City Miami FL Zip Code 33172					
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 Maria C. Cabanas 2/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, MANUEL MR. 240 LAKEVIEW DR. SUITE 208 WESTON, FL 33326 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Ramirez, Manuel 240 Lakeview DR. - Ste. 308 Weston, FL 33326 <input checked="" 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	
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 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: 			2/11/05 (954) 600 7216		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		