

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000023469

**FILED**  
**Jun 02, 2006**  
**Secretary of State****Entity Name:** WEST LAKE CENTER, LLC**Current Principal Place of Business:**490 SW VOLTAIR TERR  
PORT ST LUCIE, FL 34984**New Principal Place of Business:****Current Mailing Address:**490 SW VOLTAIR TERR  
PORT ST LUCIE, FL 34984**New Mailing Address:****FEI Number:** 20-0881838**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LANGFORD, E. C.  
1715 WEST CLEVELAND STREET  
TAMPA, FL 33606 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** SMITH, MACK  
**Address:** 600 PARTRIDGE COURT  
**City-St-Zip:** MARCO ISLAND, FL 34145**Title:** MGRM ( ) Delete  
**Name:** MOONRAKER DEVELOPMEN, T LLC  
**Address:** 490 SW VOLTAIR TERR  
**City-St-Zip:** PORT ST. LUCIE, FL 34984**Title:** MGR ( ) Delete  
**Name:** CONFER, BILL  
**Address:** 4100 PIUTE LANE  
**City-St-Zip:** ORMOND BEACH, FL 32174**Title:** MGR ( ) Delete  
**Name:** HALVES, NICK  
**Address:** 4100 PIUTE LANE  
**City-St-Zip:** ORMOND BEACH, FL 32174**ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** MBR (X) Change ( ) Addition  
**Name:** MOONRAKER DEVELOPMEN, T LLC  
**Address:** 1529 SE ROYAL GREEN CIR. S.204  
**City-St-Zip:** PORT ST. LUCIE, FL 34952**Title:** MBR (X) Change ( ) Addition  
**Name:** CONFER, BILL  
**Address:** 4100 PIUTE LANE  
**City-St-Zip:** ORMOND BEACH, FL 32174**Title:** MBR (X) Change ( ) Addition  
**Name:** HALVES, NICK  
**Address:** 4100 PIUTE LANE  
**City-St-Zip:** ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MACK SMITH

MGRM

06/02/2006

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