

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023469

Entity Name: WEST LAKE CENTER, LLC

FILED  
Jan 25, 2007  
Secretary of State

## Current Principal Place of Business:

490 SW VOLTAIR TERR  
PORT ST LUCIE, FL 34984

## New Principal Place of Business:

1529 SE ROYAL GREEN CIR  
SUITE, S204  
PORT ST LUCIE, FL 34952

## Current Mailing Address:

490 SW VOLTAIR TERR  
PORT ST LUCIE, FL 34984

## New Mailing Address:

1529 SE ROYAL GREEN CIR  
SUITE, S.204  
PORT ST LUCIE, FL 34952

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:

ROTHER, ROBERT W  
1529 SE ROYAL GREEN CIR  
SUITE, S.204  
PORT ST LUCIE, FL 34952 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: ROBERT W. ROTHE

01/25/2007

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: MBR ( ) Delete  
Name: MOONRAKER DEVELOPMEN, T LLC  
Address: 1529 SE ROYAL GREEN CIR. S.204  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MBR ( ) Delete  
Name: CONFER, BILL  
Address: 4100 PIUTE LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MBR (X) 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: MGR (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: MGR (X) Change ( ) Addition  
Name: HOLAVES, NICK  
Address: 3116 HUNTINGTON LANE  
City-St-Zip: LAKELAND, FL 32174

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 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

01/25/2007

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