

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L03000030076

1. Entity Name  
WESTVIEW MANAGEMENT, LLC



Principal Place of Business

1700 S. MACDILL AVE  
SUITE 340  
TAMPA, FL 33629

Mailing Address

1700 S. MACDILL AVE  
SUITE 340  
TAMPA, FL 33629



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0108332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, TREADY  
ASAP CAPITAL PARTNERS, LLC  
1700 S. MACDILL AVE, STE 340  
TAMPA, FL 33629

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000791368  
01/23/08-80072-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME ASAP CAPITAL PARTNERS, LLC  
STREET ADDRESS 17000 S. MACDILL AVE., SUITE 340  
CITY-ST-ZIP TAMPA, FL 33629

TITLE MGR  
NAME BAYSHORE CAPITAL ADVISORS, LLC  
STREET ADDRESS 17000 S. MACDILL AVE., SUITE 340  
CITY-ST-ZIP TAMPA, FL 33629

TITLE MGR  
NAME THE WITT-TOUCHTON COMPANY  
STREET ADDRESS 17000 S. MACDILL AVE., SUITE 340  
CITY-ST-ZIP TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

*Tready A. Smith* Tready A. Smith

1/15/08

813-221-3400

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

Date

Daytime Phone #