

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030076

FILED
Jan 23, 2009
Secretary of State

Entity Name: WESTVIEW MANAGEMENT, LLC

Current Principal Place of Business:

1700 S. MACDILL AVE
SUITE 340
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

1700 S. MACDILL AVE
SUITE 340
TAMPA, FL 33629

New Mailing Address:

FEI Number: 20-0108332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, TREADY
ASAP CAPITAL PARTNERS, LLC
1700 S. MACDILL AVE, STE 340
TAMPA, FL 33629 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: MGR () Delete
Name: ASAP CAPITAL PARTNER, S, LLC
Address: 17000 S. MACDILL AVE., SUITE 340
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: BAYSHORE CAPITAL ADV, ISORS, LLC
Address: 17000 S. MACDILL AVE., SUITE 340
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: THE WITT-TOUCHTON CO, MPANY
Address: 17000 S. MACDILL AVE., SUITE 340
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TREADY A. SMITH

MGR

01/23/2009

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