2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000036681

1. Entity Name

WESTSIDE PLANTATION JZ, LLC

DO NOT V



Principal Place of Business

720 PELICAN POINT COVE BOCA RATON, FL 33431

Mailing Address

720 PELICAN POINT COVE BOCA RATON, FL 33431

FILED May 09, 2006 8:00 am Secretary of State

05-09-2006 90026 001 ***500.00

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03222006 No Chg-LLC

CR2E083 (11/05)

AKIIE	IIA IL	115	SPACE	4. FEI Number NOT APPLICABLE

8. The above name, entity submits this statement of 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.

Not Applicable

Applied For

\$5.00 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

ZIMMERMAN, JORDAN 720 PELICAN POINT COVE BOCA RATON, FL 33431

SIGNATURE:

DO	NOT	WRITE
IN	THIS	SPACE

SIGNATURE Signature, tyded or plated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE					
Fi Di	ling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIMMERMAN, JORDAN 720 PELICAN POINT COVE BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby- indicated limited lia	certify that the information supplied with this filling does not qualify for the e on this report is true and accurate and that my signature shall have the sa billity company or the receiver or trustee empowered to execute this report	xemptions contained in Chapter 119, Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am a managing member or manager of the as required by Chapter 608, Florida Statutes.			

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