



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-09-2006 90052 037 ****50.00

DOCUMENT # L03000038007 1. Entity Name FLORIDA WEST, LLC					
Principal Place of Business 20020 VETERANS BLVD., UNIT #21 PORT CHARLOTTE, FL 33954			Mailing Address 20020 VETERANS BLVD., UNIT #21 PORT CHARLOTTE, FL 33954		
2. Principal Place of Business 20020 VETERANS BLVD Suite, Apt. #, etc. #22		3. Mailing Address 20020 VETERANS BLVD Suite, Apt. #, etc. #22			
City & State PORT CHARLOTTE, FL Zip 33954		City & State PORT CHARLOTTE, FL Zip 33954		4. FEI Number 75-3132100	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FILEMAN, GARY T 1107 WEST MARION AVE., STE. 112 PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name DANIEL M. CUGINI Street Address (P.O. Box Number is Not Acceptable) 20020 VETERANS BLVD, #22 City PORT CHARLOTTE FL Zip Code 33954		
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 <u><i>[Signature]</i></u> DANIEL M CUGINI MANING MEMBER 1/5/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUGINI, DANIEL M 20020 VETERANS BLVD., #211 PORT CHARLOTTE, FL 33954	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20020 VETERANS BLVD, #22 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANELLO, JAMES 1370 ARDEN AVE. STATEN ISLAND, NY 10312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> DANIEL M CUGINI MANAGING MEMBER 1/5/06 629-9001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					