


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90342 043 ****50.00

DOCUMENT # L03000038007	
1. Entity Name FLORIDA WEST, LLC	

Principal Place of Business 20020 VETERANS BOULEVARD SUITE 22 PORT CHARLOTTE, FL 33954 US	Mailing Address 20020 VETERANS BOULEVARD SUITE 22 PORT CHARLOTTE, FL 33954 US
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2. Principal Place of Business - No P.O. Box # 18151 Murdock Circle	3. Mailing Address 18151 Murdock Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port Charlotte, FL	City & State Port Charlotte, FL
Zip 33948	Country USA
City & State Port Charlotte, FL	City & State Port Charlotte, FL
Zip 33948	Country USA



01112007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent CUGINI, DANIEL M 20020 VETERANS BOULEVARD SUITE 22 PORT CHARLOTTE, FL 33954	
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7. Name and Address of New Registered Agent	
Name CUGINI, DANIEL M	Applied For <input type="checkbox"/> Not Applicable
Street Address (P.O. Box Number is Not Acceptable) 18151 Murdock Circle	
City Port Charlotte	State FL
Zip 33948	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**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 BOULEVARD SUITE 22 PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cugini, Daniel M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18151 Murdock Circle Port Charlotte, FL 33948
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	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	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	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	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: *[Signature]* **DANIEL M CUGINI** **1/11/07** **941 629-1115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #