

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90118 005 ****50.00

DOCUMENT # L03000053103

1. Entity Name
WESTSHORE ASSET MANAGEMENT, L.L.C.



Principal Place of Business
**1715 N. WESTSHORE BLVD, 7TH FLOOR
TAMPA, FL 33607**

Mailing Address
**1715 N. WESTSHORE BLVD, 7TH FLOOR
TAMPA, FL 33607**

24010397



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
55-0855510

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANGELICI, LINA ESQ
WILLIAMS SCHIFINO MANGIONE & STEADY, PA
ONE TAMPA CITY CENTER, STE 2600
TAMPA, FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**CHIEF EXECUTIVE OFFICER
DEAN ALBRECHT
1715 N. WESTSHORE BLVD. STE 700
TAMPA, FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**PRESIDENT
RICHARD M. NUMMI
1715 N. WESTSHORE BLVD.
TAMPA, FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**CHAIRMAN
RICHARD M. FRIED
1715 N. WESTSHORE BLVD. STE 700
TAMPA, FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**VICE CHAIRMAN
DONALD J. GUNN
1715 N. WESTSHORE BLVD. STE 700
TAMPA, FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**SECRETARY
JAMES J. DICESANO
1715 N. WESTSHORE BLVD. STE 700
TAMPA, FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**CHIEF FINANCIAL OFFICER
JEFF WERNER, CPA
1715 N. WESTSHORE BLVD. STE 700
TAMPA, FL 33607**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/15/04

Date

813-84-2870

Daytime Phone #