

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023545

FILED  
Aug 09, 2006  
Secretary of State

**Entity Name:** WESTWOOD COUNTRY MARKET, LLC

**Current Principal Place of Business:**

2180 WESTWOOD BLVD, STE 1-J, BOX 244  
LOS ANGELES, CA 90025

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WESTWOOD BLVD, STE 1-J, BOX 244  
LOS ANGELES, CA 90025

**New Mailing Address:**

FEI Number: 83-0391759      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VOGLER ASHTON, PLLC  
1001 3RD AVE. WEST, STE 500  
BRADENTON, FL 34205 US

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: ESFORMES, JOSEPH  
Address: PO BOX 767  
City-St-Zip: BRADENTON, FL 34206

Title: MGR ( ) Delete  
Name: ESFORMES, JON  
Address: 2180 WESTWOOD  
City-St-Zip: LOS ANGELES, CA 90025

**ADDITIONS/CHANGES:**

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 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: JON ESFORMES

MNG

08/09/2006

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