


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # L04000029558 1. Entity Name WEST PALM, L.L.C.	
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Principal Place of Business 15405 DEHAVILLAND COURT WELLINGTON, FL 33414 US	Mailing Address P.O. BOX 540804 LAKE WORTH, FL 33454 US
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DO NOT WRITE IN THIS SPACE



03062007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 86-1113483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAC MAHON, DERMOT P
1860 FOREST HILL BOULEVARD
NO. 105
WEST PALM BEACH, FL 33406

**DO NOT WRITE
IN THIS SPACE**

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

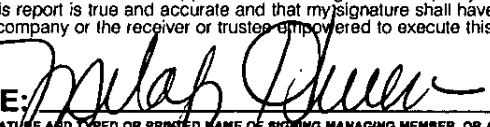
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRERA, EVELIO P. O. BOX 540804 LAKE WORTH, FL 33454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRERA, MILAGROS P.O. BOX 540804 LAKE WORTH, FL 33454
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03/21/07-80011-020 50.00

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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:  **3/7/07** **(561) 514-1179**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #