


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90314 040 \*\*\*138.75

<b>DOCUMENT # L04000032380</b>	
1. Entity Name <b>WEST COAST LAND DEVELOPMENT, LLC</b>	

Principal Place of Business <b>3061 NW 1 STREET SUITE 202 MIAMI, FL 33125 US</b>	Mailing Address <b>3061 NW 1 STREET SUITE 202 MIAMI, FL 33125 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

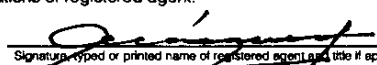
**60025985**



04072008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>VAZQUEZ, ALEJANDRO J III 3061 NW 7 ST SUITE 202 MIAMI, FL 33125</b>		7. Name and Address of New Registered Agent Name <b>ALEJANDRO VAZQUEZ, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3061 NW 7 ST.</b> <b>SUITE 202</b> City <b>MIAMI</b> FL <b>33125</b>	
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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.

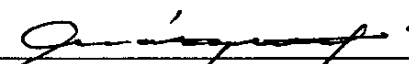
SIGNATURE  DATE **4-7-08**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAZQUEZ, ALEJANDRO JR 6175 NORTHWEST 167 STREET SUITE G-5 MIAMI LAKES, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. VAZQUEZ, ALEJANDRO JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3061 NW 7 ST. #202 MIAMI, FL. 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VAZQUEZ, MINERVA 6175 NORTHWEST 167 STREET SUITE G-5 MIAMI LAKES, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VAZQUEZ, MINERVA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3061 NW 7 ST. #202 MIAMI, FL. 33125
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:  DATE **4-7-08** 305-541-2657

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