

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90036 031 *****50.00

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1. Entity Name
WESTFIELD-27TH AVENUE, LLC

Principal Place of Business
11900 BISCAYNE BLVD., STE. 801
NORTH MIAMI, FL 33181

Mailing Address
11900 BISCAYNE BLVD., STE. 801
NORTH MIAMI, FL 33181

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1111 Park Centre Blvd
Suite, Apt. #, etc.
#360

1111 Park Centre Blvd
Suite, Apt. #, etc.
#360

City & State
Miami FL

City & State
Miami FL

Zip
33169

Country
USA

Zip
33169

Country
USA

04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1834720

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REINHARD, SANFORD N
2875 N.E. 191ST STREET, STE. 404
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name Karen H. Llera
Street Address (P.O. Box Number is Not Acceptable)

1111 Park Centre Blvd #360
City Miami FL Zip Code 33169

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 *Karen H. Llera* *4-16-07*
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME WESTFIELD FINANCIAL CORP., INC.
STREET ADDRESS 11900 BISCAYNE BLVD., STE. 801
CITY-ST-ZIP NORTH MIAMI, FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGRM
NAME Westfield Financial Corp Inc
STREET ADDRESS 1111 Park Centre Blvd #801
CITY-ST-ZIP Miami FL 33169 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Karen H. Llera* *4-16-07* *305 899 8884*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #