

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000039037

1. Entity Name
WEST HOUSEHOLD LLC



Principal Place of Business
1100 INTERNATIONAL PARKWAY
SUNRISE, FL 33323-2840

Mailing Address
1100 INTERNATIONAL PARKWAY
SUNRISE, FL 33323-2840

FILED
Mar 10, 2008 08:00 AM
Secretary of State



02222008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
20-1266592

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINDEN, JON A ESQ
4430 SOUTHWEST 64TH AVENUE
DAVIE, FL 33314

**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

03/26/08-00099-017 143.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WEST, CHARLES E JR
1100 INTERNATIONAL PKWY
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HOLTZ, DIANE
1100 INTERNATIONAL PKWY
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Charles E West Jr Charles E West Jr 2/27/08 931-351-0831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #