


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90023 027 ****55.00

DOCUMENT # L04000057786					
1. Entity Name WEST END CONDOMINIUMS, LLC					
Principal Place of Business 587 S. BANANA RIVER DRIVE MERRITT ISLAND, FL 32952 US			Mailing Address 587 S. BANANA RIVER DRIVE MERRITT ISLAND, FL 32952 US		
2. Principal Place of Business <i>520 S. Banana River Dr.</i>		3. Mailing Address <i>520 S. Banana River Dr.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Merritt Island, FL</i>		City & State <i>Merritt Island, FL</i>		4. FEI Number <i>56-2481363</i>	
Zip <i>32952</i>		Country <i>US</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCPHILLIPS, MICHAEL 587 S. BANANA RIVER DRIVE MERRITT ISLAND, FL 32952		7. Name and Address of New Registered Agent Name <i>Michael McPhillips</i> Street Address (P.O. Box Number is Not Acceptable) <i>520 S. Banana River Dr.</i> City <i>Merritt Island</i> FL Zip Code <i>32952</i>			
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 <i>Michael McPhillips</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCPHILLIPS, MICHAEL 587 S. BANANA RIVER DRIVE MERRITT ISLAND, FL 32952 <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	MGR BEDIZEL, AHMET J 587 S. BANANA RIVER DRIVE MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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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 exemption stated in Section 119.07(3)(i), 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: <i>Michael McPhillips</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	