

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000067650

1. Entity Name
WEST WEEKEND, L.L.C.



Principal Place of Business
17757 FRONT BEACH ROAD, UNIT 1708
CELEDON BEACH
PANAMA CITY BEACH, FL 32413

Mailing Address
17757 FRONT BEACH ROAD, UNIT 1708
CELEDON BEACH
PANAMA CITY BEACH, FL 32413



08072006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1637338

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ETHRIDGE, JENNIFER
902 EAST SECOND PLACE
PANAMA CITY, FL 32401

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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 reappointing)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WAGENER, VICKI G
1125 HALSTEAD BAYOU DRIVE
OCEAN SPRING, MS 39564

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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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 606, Florida Statutes.

SIGNATURE: *Vicki G. Wagener*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/21/06
Date

(228) 872-2479
Daytime Phone #