

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067996

Entity Name: WESTVIEW PARTNERS, LLC

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

5561 NORTH UNIVERSITY DRIVE
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

5561 NORTH UNIVERSITY DRIVE
SUITE 102
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 20-1642848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUCCI, MARK S ESQ.
BENSON, MUCCI & ASSOCIATES, LLP
5561 NORTH UNIVERSITY DRIVE, SUITE 102
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MUCCI, MARK S
Address: 5561 NORTH UNIVERSITY DRIVE, SUITE 102
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR () Delete
Name: EISENSMITH, JEFFREY R
Address: 5561 NORTH UNIVERSITY DRIVE, SUITE 103
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR () Delete
Name: COLE, ROBERT
Address: 5561 NORTH UNIVERSITY DRIVE, SUITE 104
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR () Delete
Name: BETTY ANN COYNE,
Address: 5561 NORTH UNIVERSITY DRIVE, SUITE 101
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK S MUCCI

MGR

02/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date