2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000071105

1. Entity Name
NINETY-FIVE WEST, LLC

Principal Place of Business	Mailing Address
1333 GATEWAY DRIVE, STE 1002 MELBOURNE, FL 32901	1333 GATEWAY DRIVE, STE 1002 MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

01032006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-1684065	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ
1800 W. HIBISCUS BLVD., STE. 138
MELBOURNE, FL 32901

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	TURKNETT, WILLIAM I JR	U00000519907
STREET ADDRESS	1333 GATEWAY DRIVE SUITE 1002	05/02/06-80074-010 50.00
CITY-ST-ZIP	MELBOURNE, FL 32901	
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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 608, Florida Statutes.

SIGNATURE: _William J.P. Scott_   WILLIAM I. TURKNETT JR 4-17-06   321-984-1957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #