2008 LIMITED LIABILITY COMPANY

Apr 21, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000071605** 04-21-2008 90307 036 ***138.75 WESTCITY VERANDA, LLC **TOOLADOV** Mailing Address Principal Place of Business **ONE FINANCIAL PLAZA STE 102** ONE FINANCIAL PLAZA STE 102 FORT LAUDERDALE, FL 33394 FORT LAUDERDALE, FL 33394 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04112008 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEL Number City & State 20-1857740 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Simigran SIMINGRAM, KENNETH K Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA STE 102 FORT LAUDERDALE, FL 33394 Zip Code 33394 Ft. Landerdale 8. The above named entity supplies 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 registe H. Simi 4:70, n (NOTE: Registered Agent signature required when reinstating) Kenneth 41708 SIGNATURE ered agent and title if applicable Make check payable to FILE NOW!!! FEE 18-\$48.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR Addition TITLE ☐ Delete TITLE Simigran, Kenneth It. One Financial Plaza, SIMIGUON, KENNETH H NAME NAME STREET ADDRESS ONE FINANCIAL PLAZA STE 102 STREET ADDRESS Ste 102 FORT LAUDERDALE, FL 33394 CITY-ST-ZIP CITY-ST-ZIF Ft. Lander dale mar MGR TITLE ☐ Delete TITLE Change Addition Douglas, Stephen M. One Financial Plaza Ste102 DOUGLAS, STEVE NAME NAME STREET ADDRESS ONE FINANCIAL PLAZA STE 102 STREET ADDRESS FORT LAUDERDALE, FL 33394 CITY-ST-ZIP CITY-ST-ZIP Fk. Louderdale FL 33394 Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

Kannoth H. Simigran

SIGNATURE: BIGNATURE AND TYPED OF PRINTE

CITY-ST-ZIP

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-17-48

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