2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L04000079069

Entity Name: WESTCOTT STATION, L.L.C.

Current Principal Place of Business:

101 E. COLLEGE AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

101 E. COLLEGE AVENUE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 32-0130730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAGGETT, FRED W
101 E. COLLEGE AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

LAFACE, RONALD C
101 E. COLLEGE AVENUE
TALLAHASSEE, FL 32301 US

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: RONALD C. LAFACE 04/09/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BAGGETT, FRED W
Address: 101 E. COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM ( ) Delete
Name: LAFACE, RONALD C
Address: 101 E. COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM ( ) Delete
Name: RICHARD, BARRY S
Address: 101 E. COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

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:

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: RONALD C. LAFACE MGRM 04/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date