


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90020 040 \*\*\*\*50.00

|   |                                      |                     |   |  |  |
|---|--------------------------------------|---------------------|---|--|--|
| <b>DOCUMENT # L04000079667</b><br>1. Entity Name<br><b>MITCHELL/WEST GROUP, LLC</b>   |                                      |                     |   |                                 |  |
| Principal Place of Business<br><b>3100 MERION DRIVE<br/>MIRAMAR BEACH, FL 32550</b>   |                                      |                     | Mailing Address<br><b>3100 MERION DRIVE<br/>MIRAMAR BEACH, FL 32550</b> |  |  |
| 2. Principal Place of Business  |                                      | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc. |   |  |  |
| City & State  |                                      | City & State        |   |  |  |
| Zip   | Country                              | Zip                 | Country   |  |  |
| 6. Name and Address of Current Registered Agent   |                                      |                     |   | 7. Name and Address of New Registered Agent  |  |
| <b>MITCHELL, G. ELLIOTT<br/>3100 MERION DRIVE<br/>MIRAMAR BEACH, FL 32550</b>   |                                      |                     |   | Name   |  |
|   |                                      |                     |   | Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |                                      |                     |   | City   |  |
|   |                                      |                     |   | <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                      |                     |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |                                      |                     |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| 9. MANAGING MEMBERS/MANAGERS  |                                      |                     | 10. ADDITIONS/CHANGES   |  |  |
| TITLE   | MGRM <input type="checkbox"/> Delete |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | MITCHELL, G. ELLIOTT                 |                     | NAME  |  |  |
| STREET ADDRESS  | 3100 MERION DRIVE                    |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | MIRAMAR BEACH, FL 32550              |                     | CITY-ST-ZIP   |  |  |
| TITLE   | MGRM <input type="checkbox"/> Delete |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | WEST, H. CLARK                       |                     | NAME  |  |  |
| STREET ADDRESS  | 3100 MERION DRIVE                    |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | MIRAMAR BEACH, FL 32550              |                     | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                      |                     | NAME  |  |  |
| STREET ADDRESS  |                                      |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                      |                     | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                      |                     | NAME  |  |  |
| STREET ADDRESS  |                                      |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                      |                     | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                      |                     | NAME  |  |  |
| STREET ADDRESS  |                                      |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                      |                     | CITY-ST-ZIP   |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |                                      |                     |   |  |  |
| <b>SIGNATURE:</b> <i>West Mitchell</i>  |                                      |                     | <b>1/7/04</b>   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                      |                     | Date Daytime Phone #  |  |  |