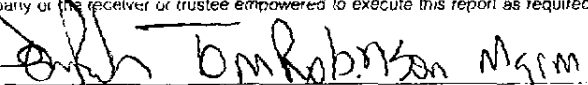


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000079799			
1. Entity Name WEST CAPITAL PARTNERS, LLC			
Principal Place of Business 3455 GOLDEN MEADOW LN ORMOND BEACH, FL 32174 US		Mailing Address 3455 GOLDEN MEADOW LN ORMOND BEACH, FL 32174 US	
DO NOT WRITE IN THIS SPACE			
		03062006No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 51-0527681	Applied for Not Applicable
		5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SCHIESS, EDWARD T 3450 GOLDEN MEADOW LANE ORMOND BEACH, FL 32174		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 fee if applicable. (NOTE: Registered Agent signature required when registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHIESS, EDWARD T 3450 GOLDEN MEADOW LANE ORMOND BEACH, FL 32174	DO NOT WRITE IN THIS SPACE U000000460812 03/20/06-80026-002 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, THOMAS W 3455 GOLDEN MEADOW LANE ORMOND BEACH, FL 32174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, JAMES B 11213 SAN JUAN RANGE RIDGE LITTLETON, CO 80127		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  Mgrm		3-6-06 386671-2901	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	