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	Mailing Address
3455 GOLDEN MEADOW LN ORMOND BEACH, FL 32174 US	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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHIESS, EDWARD T
STREET ADDRESS	3450 GOLDEN MEADOW LANE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGRM
NAME	ROBINSON, THOMAS W
STREET ADDRESS	3455 GOLDEN MEADOW LANE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGRM
NAME	ROBINSON, JAMES B
STREET ADDRESS	11213 SAN JUAN RANGE RIDGE
CITY-ST-ZIP	LITTLETON, CO 80127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/06-80026-002 50.00

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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: Thomas W Robinson Mgrm 3-6-06 3866711-2901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #