

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092400

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

**Entity Name:** WESTSIDE PROPERTY INVESTMENTS, LLC

**Current Principal Place of Business:**

680 NE MARINE DRIVE  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

680 NE MARINE DRIVE  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REITANO, ANTHONY J  
3200 N FEDERAL HIGHWAY  
221  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DIGENNARO, ELENITA B  
Address: 680 NE MARINE DRIVE  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM ( ) Delete  
Name: DIGENNARO, DANIEL  
Address: 680 NE MARINE DRIVE  
City-St-Zip: BOCA RATON, FL 33431 US

**ADDITIONS/CHANGES:**

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 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 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: ELENITA DIGENNARO                      MGRM                      04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date