2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012065

MCGARY, CAROLE A

1709 SUNSET ISLES RD

FORT PIERCE, FL 34949

Name:

Address:

City-St-Zip:

Entity Name: WESTON 1213, LLC

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1709 SUNSET ISLES RD. FORT PIERCE, FL 34949 **Current Mailing Address: New Mailing Address:** PO BOX 2291 FT PIERCE, FL 34954 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCGARY, STEVEN J 1709 SUNSET ISLES RD. US FORT PIERCE, FL 34949 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/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete MCGARY, STEVEN J Name: Name: Address: 1709 SUNSET ISLES RD Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MCGARY, BRIAN D Name: Address: 15960 W WIND CIRCLE Address: City-St-Zip: SUNRISE, FL 33326 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MCGARY, SEAN G Name: Name: 1709 SUNSET ISLES RD Address: Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: STEVEN MCGARY MGR 01/08/2008