


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90194 021 ****50.00

DOCUMENT # L05000013769	
1. Entity Name WESTFIELD SOUTH, LLC	

Principal Place of Business 112 NW 33RD COURT GAINESVILLE, FL 32607	Mailing Address 112 NW 33RD COURT GAINESVILLE, FL 32607
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2. Principal Place of Business 4545 NW 8th Avenue Suite, Apt. #, etc.	3. Mailing Address 4545 NW 8th Avenue Suite, Apt. #, etc.
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City & State Gainesville, Florida	City & State Gainesville, Florida
Zip 32605	Country
Zip 32605	Country

6. Name and Address of Current Registered Agent SCHACKOW, LYNN M 112 NW 33RD COURT GAINESVILLE, FL 32607	
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03292006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2322438	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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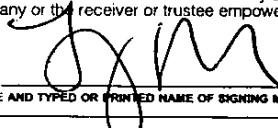
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DILBONE, ROBERT P JR. 112 NW 33RD COURT GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4545 NW 8th Avenue Gainesville, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGM SCHACKOW, LYNN M 112 NW 33RD COURT GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4545 NW 8th Avenue Gainesville, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHACKOW, BRIAN G 112 NW 33RD COURT GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4545 NW 8th Avenue Gainesville, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Lynn Schackow** 3/29/06 352 371-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #