2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2007
Secretary of State

DOCUMENT# L05000015108

Entity Name: WESTBROOK LEASING, LLC

Current Principal Place of Business:

3866 S.W. 30TH AVENUE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3866 S.W. 30TH AVENUE
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 32-0145686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COHEN, MARK D
4000 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021 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/MANAGERS:

Title: MGR ( ) Delete
Name: LA CROSS, LLC,
Address: 1005 STATE RD 8 #186E
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MGR ( ) Delete
Name: TURN PRO, LLC,
Address: 1005 STATE RD 8 #186E
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LA CROSS, LLC,
Address: 3866 SW 30TH AVE
City-St-Zip: HOLLYWOOD, FL 33312

Title: MGR (X) Change ( ) Addition
Name: TURN PRO, LLC,
Address: 3866 SW 30TH AVE
City-St-Zip: HOLLYWOOD, FL 33312

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.

SIGNATURE: GENE MORALES MGR 05/25/2007

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