

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000015108

1. Entity Name
WESTBROOK LEASING, LLC



FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business
3866 S.W. 30TH AVENUE
FORT LAUDERDALE, FL 33312

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



07082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0145686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, MARK D
4000 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000955897
07/22/08-80012-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LA CROSS, LLC 3866 SW 30TH AVE HOLLYWOOD, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURN PRO, LLC 3866 SW 30TH AVE HOLLYWOOD, FL 33312
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #