2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

DOCUMENT # L05000018370 1. Entity Name WEST END TRENDS LLC				J4-20-2006 S	90024 048	****5(.00	
Principal Place of Business	cipal Place of Business Mailing Address							
4321 HUNTERS PASS SPRING HILL, FL 34609 4321 HUNTERS PASS SPRING HILL, FL 34609		e			n Boigl (1987) (5191)	. (414 188) (88)	āķi ur taks	
Principal Place of Business Address Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-LLC	CR2E083	3 (11/05)		
City & State	City & State		4. FEI Number	211794	-2		plied For t Applicable	
Zip Country	Zip	Country	5. Certificate of	Status Desired		5.00 Add e Require		
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name					
AREVALO, ROSALIE 4321 HUNTERS PASS			Street Address (P.O. Box Number is Not Acceptable)					
SPRING HILL, FL 34609	- Olivot Address	Control Control (1.0. Control						
				City Zip Code				
8. The above named entity submits this statement for	the purpose of changing its	i ´	tered agent, or both	in the State of Fir	FL orida Lam far	'		
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								
Filing Fee is \$50.00 Due by May 1, 2006					e check pay a Departmer			
9. MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS	CHANGES			
NAME AREVALO, ROSALIE	☐ Delete	TITLE NAME			[Change	Addition	
STREET ADDRESS 4321 HUNTERS PASS		STREET ADDRESS						
CITY-ST-ZIP SPRING HILL, FL 34609		CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-S1-2IP	☐ Delete	TITLE NAME STREET ADDRESS			(_ Change	☐ Addition	
TITLE	☐ Delete	CITY-ST-ZIP	_			7 Change	☐ Addition	
NAME		NAME						
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP						
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·		Ţ.	Change	☐ Addition	
TITLE	Defete	TITLE			Г	Change	Addition	
NAME Street Adoress		NAME			_	•		
CITY-ST-ZIP		STREET ADDRESS CITY-S1-ZIP						
TITLE	☐ Delete	TITLE			E	Change	Addition .	
NAME STREET ADDRESS		NAME STREET ADDRESS			•			
CITY-S1-21P		CITY-ST-ZIP						
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:	() - (· _						