


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90183 007 \*\*\*\*50.00

<b>DOCUMENT # L05000028270</b>	
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<b>1. Entity Name</b> WESTMEATH RANCH, LLC	<b>Principal Place of Business</b> 20 AUDUBON CAUSEWAY MANALAPAN, FL 33462	<b>Mailing Address</b> 20 AUDUBON CAUSEWAY MANALAPAN, FL 33462
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<b>2. Principal Place of Business</b> 1029 Arabian Drive Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1029 Arabian Drive Suite, Apt. #, etc.
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03072006 Chg-LLC CR2E083 (11/05)

<b>City &amp; State</b> Loxahatchee FL	<b>City &amp; State</b> Loxahatchee FL
<b>Zip</b> 33470	<b>Country</b> USA

<b>4. FEI Number</b> 20-2568809	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  WHITE, WILTON L ESQ. 625 NORTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEOGH, DESMOND 20 AUDUBON CAUSEWAY MANALAPAN, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Keogh, Desmond 1029 Arabian Drive Loxahatchee, FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:** Desmond Keogh **DATE:** MAR 16 06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE