2007 LIMITED LIABILITY COMPANY, ANNUAL REPORT

FILED Apr 02, 2007 08:00 AM Secretary of State

305-705-065

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1. Entity Name

WEST PARKWOOD INVESTMENTS, LLC



Principal Place of Business

Mailing Address

2600 S. DOUGLAS ROAD PH-6 CORAL GABLES, FL 33134 2600 S. DOUGLAS ROAD PH-6 CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

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03232007 No Chg-LLC	CR2E083 (11/05)

4. FEI Number		Applied For	
20-2580494	_	Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

PADLAL, JOSE I 2600 S. DOUGLAS ROAD PH-6 CORAL GABLES, FL 33134

the obligations of registered agent.

SIGNATURE AND TYPE

SIGNATURE_

DO NOT WRITE IN THIS SPACE

	Signature typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee Is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR EPELBOIM, SALOMON 2600 S. DOUGLAS ROAD PH-6 CORAL GABLES, FL 33134	,	
TITLE NAME STREET ADDRESS CITY ST-ZIP			U00000685474 04/09/07-80007-012 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature slability company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 11 hall have the same legal effect as if made under ocute this report as required by Chapter 608. Florid	 Florida Statutes. I further certify that the information ath; that I am a managing member or manager of the a Statutes.

EMBER; OR AUTHORIZED REPRESENTATIVE

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