



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90026 007 \*\*\*\*50.00

<b>DOCUMENT # L05000042928</b> 1. Entity Name WEST HIGHWAY 326 LLC					
Principal Place of Business 4421 NW HIGHWAY 27 OCALA, FL 34482			Mailing Address 4421 NW HIGHWAY 27 OCALA, FL 34482		
2. Principal Place of Business 13720 N US HWY 27 Suite, Apt. #, etc.		3. Mailing Address 13720 N US HWY 27 Suite, Apt. #, etc.			
City & State OCALA, FL		City & State OCALA, FL		4. FEI Number 20-3713096	
Zip 34482		Country MARION		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  EZZO, NICHOLAS 13720 N US HIGHWAY 27 OCALA, FL 34482			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>Nicholas Ezze</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>4-23-06</i>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHARFF, WILLIAM 13914 N. US HIGHWAY 27 OCALA, FL 34482	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EZZO, NICHOLAS 13720 N. US HIGHWAY 27 OCALA, FL 34482	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNING, GLORIA 13720 N. US HIGHWAY 27 OCALA, FL 34482	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNING, GLORIA 13720 N. US HIGHWAY 27 OCALA, FL 34482	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNING, GLORIA 13720 N. US HIGHWAY 27 OCALA, FL 34482	<input type="checkbox"/> Delete			
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: <i>Nicholas Ezze</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <i>4/23/06</i> Daytime Phone #: <i>622-5809</i>		