

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052424

Entity Name: WEST PARK VIEW, LLC

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

6850 SW 45TH LANE #3
MIAMI, FL 33155

New Principal Place of Business:

6242 N.W. 110TH TERRACE
HIALEAH, FL 33012

Current Mailing Address:

6850 SW 45TH LANE #3
MIAMI, FL 33155

New Mailing Address:

6242 N.W. 110TH TERRACE
HIALEAH, FL 33012

FEI Number: 81-0674526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLOS A. ZIEGENHIRT, P.A.
150 ALHAMBRA CIRCLE STE 1240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MACIAS, LEONEL R MANAGER
6242 N.W. 110TH TERRACE
HIALEAH, FL 33012 US

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.

SIGNATURE: LEONEL R. MACIAS

04/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MACIAS, LEO
Address: 6850 SW 45TH LANE #3
City-St-Zip: MIAMI, FL 33155

Title: MGR (X) Delete
Name: MACIAS, ALEX
Address: 6850 SW 45TH LANE #3
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MACIAS, LEO
Address: 6242 N.W. 110TH TERRACE
City-St-Zip: HIALEAH, FL 33012

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEONEL R. MACIAS

MGR

04/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date