

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # L05000054123
 1. Entity Name
 RESIDENCES WEST BEACH, LLC



Principal Place of Business C/O NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BOULEVARD, SUITE 202 CORAL GABLES, FL 33134	Mailing Address C/O NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BOULEVARD, SUITE 202 CORAL GABLES, FL 33134
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03202007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCURTIS, CONSTANTINE
 C/O NEWPORT PROPERTY VENTURES, LTD.
 3211 PONCE DE LEON BLVD., STE 202
 CORAL GABLES, FL 33134

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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 _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCURTIS, CONSTANTINE 3211 PONCE DE LEON BLVD #202 MIAMI, FL 33134
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 04/27/07-80013-015 50.00

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: Constantine Scurtis 4-16-07 305-446-0000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #