

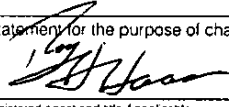
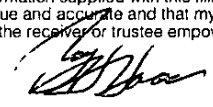


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 27 AM 9:06

DOCUMENT # L05000056083					
<b>1. Entity Name</b> WESTGATE SEMINOLE, LLC					
<b>Principal Place of Business</b> P.O. BOX 3215 LANTANA, FL 33465-3215			<b>Mailing Address</b> P.O. BOX 3215 LANTANA, FL 33465-3215		
<b>2. Principal Place of Business</b> 521 LAKE AVENUE Suite, Apt. #, etc. SUITE 4 City & State LAKE WORTH FL Zip 33460 Country USA		<b>3. Mailing Address</b> 521 LAKE AVENUE Suite, Apt. #, etc. SUITE 4 City & State LAKE WORTH FL Zip 33460 Country USA			
<b>4. FEI Number</b> 07192006 Chg-LLC CR2E083 (11/05)				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required					
<b>6. Name and Address of Current Registered Agent</b> HAAS, ROY 521 LAKE AVENUE, SUITE 4 LAKE WORTH, FL 33460			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE  DATE 18 July 2006 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAAS, ROY 521 LAKE AVENUE, SUITE 4 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b>  DATE 18 July 2006 561 547 3277 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					