

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90417 022 ****50.00

DOCUMENT # L05000066414

1. Entity Name
WESTSHORE COVE ACQUISITION GROUP LLC



Principal Place of Business
**11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716**

Mailing Address
**11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716**

20010529



02152006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3103370

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FANELLI, JULIE V
11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **SEMBLER, M. STEVEN**
STREET ADDRESS **11300 FOURTH STREET NORTH, SUITE 200**
CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **CHADWICK, JAMES M**
STREET ADDRESS **11300 FOURTH STREET NORTH, SUITE 200**
CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

James M. Chadwick
James M. Chadwick, Managing Member

2/16/06 (727) 577-9197

Date

Daytime Phone #