

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000071111

1. Entity Name
WESTSHORE COMMERCE CENTER, LLC



Principal Place of Business

**3333 W. KENNEDY BOULEVARD, SUITE 206
TAMPA, FL 33609**

Mailing Address

**3333 W. KENNEDY BOULEVARD, SUITE 206
TAMPA, FL 33609**



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3171687

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, J. ERIC
101 E. KENNEDY BOULEVARD, SUITE 2700
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

**000000581323
01/10/07-80082-019 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CURTIS, ROBERT T
STREET ADDRESS	333 W KENNEDY BLVD SUITE 206
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	MGRM
NAME	CURTIS, WILLIAM P
STREET ADDRESS	3333 W KENNEDY BLVD SUITE 206
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

1-3-07

Date

813-8756324

Daytime Phone #

ROBERT T CURTIS