2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007
Secretary of State

DOCUMENT# L05000083597

Entity Name: FARWEST FINANCIAL GROUP LLC

Current Principal Place of Business:

5073 EAST TAMIAMI TRAIL
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

5073 EAST TAMIAMI TRAIL
NAPLES, FL 34113

New Mailing Address:

FEI Number: 20-3351821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHERISOL, VILER P
1063 SW SQUIRE JOHNS LN
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CHERISOL, VILER P	
Address:	1063 SW SQUIRE JOHNS LN	
City-St-Zip:	PALM CITY, FL 34990	
Title:	MGRM	( ) Delete
Name:	JOSEPH, JOEL	
Address:	3220 NW 103RD TER	
City-St-Zip:	SUNRISE, FL 33351	
Title:	MGRM	( ) Delete
Name:	DELVA, WILBERT	
Address:	5247 LIGHTHOUSE	
City-St-Zip:	ORLANDO, FL 32808	
Title:	MGRM	( ) Delete
Name:	PLANCHER, ENECK	
Address:	16301 NE FOURTH AVE	
City-St-Zip:	MIAMI, FL 33162	
Title:	MGRM	( ) Delete
Name:	CHERISOL, REMY	
Address:	1063 SW SQUIRE JOHNS LN	
City-St-Zip:	PALM CITY, FL 34990	
Title:	MGRM	( ) Delete
Name:	CAJUSTE, OSNEL	
Address:	4872 CATALINA DR	
City-St-Zip:	NAPLES, FL 34112	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: OSNEL CAJUSTE MGRM 03/30/2007

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