
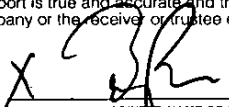


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90103 031 \*\*\*138.75

<b>DOCUMENT # L05000089664</b> 1. Entity Name <b>WEST SEATTLE ESTATES LLC</b>					
Principal Place of Business <b>1600 DEXTER AVENUE NORTH SUITE B2 SEATTLE, WA 98109</b>			Mailing Address <b>1600 DEXTER AVENUE NORTH SUITE B2 SEATTLE, WA 98109</b>		
2. Principal Place of Business - No P.O. Box # <b>235 Marine View Dr.</b>		3. Mailing Address <b>Po Box 849</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Ocean Shores, WA</b>		City & State <b>Ocean Shores, WA</b>		4. FEI Number <b>56-2533478</b>	
Zip <b>98569</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>98569</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SCHWARTZ, ROBERT M 4700 NW BOCA RATON BOULEVARD SUITE 104 BOCA RATON, FL 33431-4860</b>				7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PARISER, PAUL S P.O. BOX 160278 BIG SKY, MT 59716</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR REID, LUCIE S P.O. BOX 160278 BIG SKY, MT 59716</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PARISER, BENJAMIN S 1600 DEXTER AVE. N., SUITE B2 SEATTLE, WA 98109</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <b>Feb 17, 2008</b> Daytime Phone #					