2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089664

Current Principal Place of Business:

Entity Name: WEST SEATTLE ESTATES LLC

FILED Apr 01, 2009 Secretary of State

() Change () Addition

New Principal Place of Business:

235 MARINE VIEW DR OCEAN SHORES, WA 9	8569		
Current Mailing Address:		New Mailing Address	:
POB 849 OCEAN SHORES, WA 9	8569		
FEI Number: 56-2533478	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
SCHWARTZ, ROBERT M 4700 NW BOCA RATON SUITE 104 BOCA RATON, FL 33431	BOULEVARD		
The above named entity s in the State of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATURE:			
Electroni	c Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	

Title: MGR () Delete Title:

 Name:
 PARISER, PAUL S
 Name:

 Address:
 POB 849
 Address:

City-St-Zip: OCEAN SHORES, WA 98569 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: PARISER, BENJAMIN S Name: PARISER, BENJAMIN S

Address: 1600 DEXTER AVE. N., SUITE B2 Address: POB 849

City-St-Zip: SEATTLE, WA 98109 City-St-Zip: OCEAN SHORES, WA 98569

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 PARISER, BENJAMINS
 Name:

 Address:
 POB 849
 Address:

 City-St-Zip:
 OCEAN SHORES, WA 98569
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAUL S. PARISER MGR 04/01/2009