2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000102733

1. Entity Name

WESTOVER MANAGEMENT, LLC



Principal Place of Business

6145 ABBOTT STATION DRIVE ZEPHYRHILLS, FL 33542

Mailing Address

P. O. BOX 48155 TAMPA, FL 33647

FILED Mar 07, 2007 8:00 am Secretary of State

03-07-2007 90218 005 ****50.00

20005896



01262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
NOT APPLICABLE	 	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GREGG, WILLIAM G 14144 6TH STREET DADE CITY, FL 33525

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8. The above the obligat	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or both, in the Si	tate of Florida. I am familiar with, and accept	
JONATORE	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASBURY MANAGEMENT, LLC. P.O. BOX 48155 TAMPA, FL 33647			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE