

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90352 029 \*\*\*\*50.00

<b>DOCUMENT # L05000108012</b> 1. Entity Name <b>WESTGATE AVIATION COMPLEX ASSOCIATION LLC</b>					
Principal Place of Business <b>101 COMMERCIAL WAY BOX 10 TEHACHAPI, CA 93561</b>			Mailing Address <b>963 FEDERAL HIGHWAY STUART, FL 34994</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>42-1683377</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03072006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>SMITH, GERALD A. 963 FEDERAL HIGHWAY STUART, FL 34994</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Gerald A. Smith 963 Federal Hwy. Stuart, FL 34994</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MSRM</b>	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>3-7-06 772-215-4686</b> <small>Date Daytime Phone #</small>		

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