

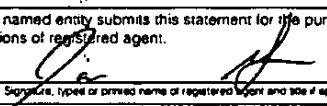


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/

FILED
Jun 09, 2006 8:00 am
Secretary of State

05-02-2006 90025 038 ****50.00

DOCUMENT # L05000111338 1. Entity Name WESGRACE, LLC																																																																								
Principal Place of Business 701 SOLANA SHORES DRIVE, #502 CAPE CANAVERAL, FL 32920				Mailing Address 701 SOLANA SHORES DRIVE, #502 CAPE CANAVERAL, FL 32920																																																																				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																						
City & State Zip Country		City & State Zip Country		04172006 Chg-LLC CR2E083 (11/05)																																																																				
4. FEI Number 2044117022				Applied For <input type="checkbox"/> Not Applicable																																																																				
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent GORDON, JASON M 103 NORTH ATLANTIC AVE. COCOA BEACH, FL 32931																																																																				
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  DATE 4/21/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>																																																																				
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>MGRM</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>LEO, KEVIN</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>701 SOLANA SHORES DRIVE, #502</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>CAPE CANAVERAL, FL 32920</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		MGRM					LEO, KEVIN					701 SOLANA SHORES DRIVE, #502					CAPE CANAVERAL, FL 32920				10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete																																																																				
	MGRM																																																																							
	LEO, KEVIN																																																																							
	701 SOLANA SHORES DRIVE, #502																																																																							
	CAPE CANAVERAL, FL 32920																																																																							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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. SIGNATURE:  KEVIN LEO MURR 4/21/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																								