

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121677

Entity Name: MC WEST END, LLC

FILED  
Jan 17, 2006  
Secretary of State

**Current Principal Place of Business:**

6531 PARK OF COMMERCE BOULEVARD  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

6531 PARK OF COMMERCE BOULEVARD  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBES, ROBERT J ESQ  
5100 TOWN CENTER CIRCLE STE 400  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

MAGUIRE, MICHAEL  
23 ROYAL PALM WAY, #15  
BOCA RATON, FL 33432 US

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.

SIGNATURE: MICHAEL MAGUIRE

01/17/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MAQUIRE, MICHAEL  
Address: 23 ROYAL PALM WAY #15  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete  
Name: CHIRINSKY, ERIC  
Address: 5598 N.E. 7TH AVENUE  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MAGUIRE, MICHAEL  
Address: 23 ROYAL PALM WAY, #15  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL MAGUIRE

MGR

01/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date