

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025727

FILED
Apr 23, 2007
Secretary of State

Entity Name: PROJECT WESTGATE ONE, L.L.C.

Current Principal Place of Business:

2455 HOLLYWOOD BLVD., #205
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2455 HOLLYWOOD BLVD., #205
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 20-4511377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERBER, DANIEL J ESQ.
TURNBERRY PLAZA
SUITE 801, 2875 N.E. 191ST ST.
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAIDON, CARLOS
Address: 2455 HOLLYWOOD BLVD., #205
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: GEIMAN, ADRIAN
Address: 2455 HOLLYWOOD BLVD., #205
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: TUSSIE, RAFAEL S
Address: 2455 HOLLYWOOD BLVD., #205
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

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

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

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: CARLOS SAIDON

MGRM

04/23/2007

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