

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027867

FILED
Apr 22, 2008
Secretary of State

Entity Name: LSP WEST COAST VENTURES, LLC

Current Principal Place of Business:

6115 N.W. 77TH WAY
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

6115 N.W. 77TH WAY
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 20-4454441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURN, KARMEN A
6115 NW 77 WAY
TAMARAC, FL 33321 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: M () Delete
Name: BURN, KARMEN
Address: 6115 NW 77 WAY
City-St-Zip: TAMARAC, FL 33321

Title: M () Delete
Name: BURN, STEVE
Address: 6115 NW 77 WAY
City-St-Zip: TAMARAC, FL 33321

Title: M () Delete
Name: BENTON, SANDRA
Address: 6115 NW 77 WAY
City-St-Zip: TAMARAC, FL 33321

Title: M () Delete
Name: BENTON, THOMAS
Address: 6115 NW 77 WAY
City-St-Zip: TAMARAC, FL 33321

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: KARMEN BURN

MRS

04/22/2008

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