2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# L06000037021

Entity Name: WESTSIDE 9.52, LLC

Current Principal Place of Business:

1311 SOUNDVIEW TRAIL
GULF BREEZE, FL 32561

New Principal Place of Business:

127 PALAFOX PLACE
SUITE 200
PENSACOLA, FL 32502

Current Mailing Address:

1311 SOUNDVIEW TRAIL
GULF BREEZE, FL 32561

New Mailing Address:

127 PALAFOX PLACE
SUITE 200
PENSACOLA, FL 32502

FEI Number: 26-0753580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MATTHEWS, EDSEL F JR.
308 SOUTH JEFFERSON STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

1559 DEVELOPMENT, LLC
127 PALAFOX PLACE
SUITE 200
PENSACOLA, FL 32502 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: O. MCINTOSH BELSINGER, JR. 07/07/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CAMPUS, JOSEPH J III
Address: 1311 SOUNDVIEW TRAIL
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BELSINGER, OLIN M JR.
Address: 127 PALAFOX PLACE
City-St-Zip: PENSACOLA, FL 32502

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: O. MCINTOSH BELSINGER, JR. MGRM 07/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date