

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045409

Entity Name: WEST 80, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

255 ALHAMBRA CIRCLE
SUITE 950
CORAL GABLES, FL 33143

Current Mailing Address:

6150 SW 76ST
MIAMI, FL 33143

New Principal Place of Business:

355 ALHAMBRA CIRCLE
SUITE 950
CORAL GABLES, FL 33134

New Mailing Address:

355 ALHAMBRA CIRCLE
SUITE 950
CORAL GABLES, FL 33134

FEI Number: 20-4821658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRNE, THOMAS E
355 ALAMBRAS CIRCLE, SUITE 950
CORAL GABLES, FL 33134 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: MGR () Delete
Name: BYRNE, THOMAS E
Address: 6150 S.W. 76 STREET
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: BYRNE, VALARCE M
Address: 6150 S.W. 76 STREET
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BYRNE, THOMAS E
Address: 355 ALHAMBRA CIRCLE SUITE 950
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change () Addition
Name: BYRNE, VALAREE M
Address: 355 ALHAMBRA CIRCLE SUITE 950
City-St-Zip: CORAL GABLES, FL 33134

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: THOMAS E BYRNE

MGR

04/29/2009

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