

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90352 029 \*\*\*\*50.00

|   |                                 |  |  |   |  |
|---|---------------------------------|--|--|---|--|
| <b>DOCUMENT # L06000068575</b>  |                                 |  |  |   |  |
| <b>1. Entity Name</b><br>WEST ANDERSON, LLC   |                                 |  |  |   |  |
| <b>Principal Place of Business</b><br>C/O REGISTER & COMPANY, P.A.<br>2600 DOUGLAS ROAD, SUITE 604<br>CORAL GABLES, FL 33134  |                                 |  | <b>Mailing Address</b><br>C/O REGISTER & COMPANY, P.A.<br>2600 DOUGLAS ROAD, SUITE 604<br>CORAL GABLES, FL 33134                           |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |                                 | <b>3. Mailing Address</b>                                |  |   |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.                                      |  |   |  |
| City & State  |                                 | City & State   |  |   |  |
| Zip   | Country                         | Zip  | Country  | 04262007    Chg-LLC    CR2E083 (12/06)  |  |
| <b>4. FEI Number</b><br>20-5250020  |                                 |  |  | Applied For<br><input type="checkbox"/> Not Applicable                                  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |                                 |  |  | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>DIXON, SHARON QUINN<br>2200 MUSEUM TOWER<br>150 WEST FLAGLER STREET<br>MIAMI, FL 33130  |                                 |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL    Zip Code |   |  |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>  |                                 |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____  |                                 |  |  |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b>   |                                 | <b>Make check payable to Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |                                 |  | <b>10. ADDITIONS / CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SOLE MBR<br>ROBERT W. RUST<br>2600 DOUGLAS RD, SUITE 604<br>CORAL GABLES, FL 33134-6100 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b> |                                 |  |  |   |  |
| <b>SIGNATURE:</b>   |                                 |  | 30 APR 07  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                 |  | Date    Daytime Phone #  |   |  |