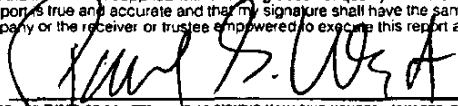


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-29-2007 90143 036 ****50.00

DOCUMENT # L06000069392 1. Entity Name WEST STAYANOFF, LLC					
Principal Place of Business 600 S. ORLANDO AVE SUITE 301 MAITLAND, FL 32751 US			Mailing Address 600 S. ORLANDO AVE SUITE 301 MAITLAND, FL 32751 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0781753	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WEST, PAUL S 600 S. ORLANDO AVE SUITE 301 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when new filing) Signature: typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WEST, PAUL S 600 S. ORLANDO AVE, SUITE 301 MAITLAND, FL 32751	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR STAYANOFF, JOSEPH C 1601 WINTER GREEN BLVD, UNIT 201 WINTER PARK, FL 32792	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WEST, ANNE M 600 S. ORLANDO AVE, SUITE 301 MAITLAND, FL 32751	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
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.					
SIGNATURE:  1/26/2007 (407) 331-7511					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					