

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90178 019 \*\*\*138.75

<b>DOCUMENT # L06000069636</b> 1. Entity Name <b>WESTLAND 49TH, LLC</b>					
Principal Place of Business <b>3211 PONCE DE LEON BLVD., STE. 301 CORAL GABLES, FL 33134</b>			Mailing Address <b>3211 PONCE DE LEON BLVD., STE. 301 CORAL GABLES, FL 33134</b>		
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 <b>NOT APPLICABLE</b> <span style="float: right;"><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applied For</span>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$500</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>BARKER, REX M 3211 PONCE DE LEON BLVD., STE. 301 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARKER, REX <input type="checkbox"/> Delete 3211 PONCE DE LEON BLVD SUITE 301 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REX M BARKER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3211 PONCE DE LEON BLVD 103 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Jess Walker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4/7/08</u> <span style="float: right;">Daytime Phone # <u>305 460-6300</u></span>		

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