FILED
May 17, 2007 8:00 am
Secretary of State
04-20-2007 90031 041 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000073604

1. Entity Name
THE WESTCHESTER, LLC

30008160

Principal Place of Business	Mailing Address
560 YAWL LANE LONGBOAT KEY, FL 34228	560 YAWL LANE LONGBOAT KEY, FL 34228

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
635 12th Ave NE	321 10th Ave N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, Fl	City & State: St. Petersburg, Fl
Zip: 3370 Country:	Zip: 33701 Country:

01172007 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0160162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, HOWARD E 560 YAWL LANE LONGBOAT KEY, FL 34228	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 MARTIN, HOWARD E 560 YAWL LANE LONGBOAT KEY, FL 34228 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Justin Hayward 4/17/07 727-820-0352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #