

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 12, 2007 8:00 am
Secretary of State

01-16-2007 90053 024 ****50.00

DOCUMENT # L06000077918 1. Entity Name LF WEST, LLC					
Principal Place of Business 11350 METRO PARKWAY UNIT 109 FT. MYERS, FL 33966			Mailing Address P.O. BOX 933 FT. MYERS, FL 33902		
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		
6. Name and Address of Current Registered Agent KYLE, KEVIN 1380 ROYAL PALM SQUARE BLVD. FT. MYERS, FL 33919				7. Name and Address of Now Registered Agent Name William W EHMEN Street Address (P.O. Box Number is Not Acceptable) 11350 METRO PARKWAY # 109 City FOOT MYERS FL Zip Code 33966	
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 <u><i>William W Ehmén</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 1/5/07 <small>(NOTE: Registered Agent signature required when reissuing)</small>	
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 EHMAN, WILLIAM 11350 METRO PARKWAY UNIT 109 FT. MYERS, FL 33966	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCARTY, DOUGLAS 11350 METRO PARKWAY UNIT 109 FT. MYERS, FL 33966	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCARTY, DOUGLAS 11350 METRO PARKWAY UNIT 109 FT. MYERS, FL 33966	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCARTY, DOUGLAS 11350 METRO PARKWAY UNIT 109 FT. MYERS, FL 33966	<input type="checkbox"/> 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: <u><i>William W Ehmén</i></u>				DATE 1/5/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					