

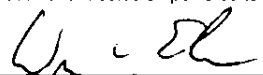


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90044 021 ***138.75

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 # 6360 CORPORATE PARK Suite, Apt. #, etc. CIRCLE #1		3. Mailing Address PO Box 60253 Suite, Apt. #, etc.	
City & State FT MYERS FL		City & State FT MYERS FL	
Zip 33966	Country USA	Zip 33906	Country USA
6. Name and Address of Current Registered Agent EHMAN, LILLIAN 11350 METRO PKWY #109 FT MYERS, FL 33966		7. Name and Address of New Registered Agent Name EHMAN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 6360 CORPORATE PARK CIRCLE #1 City FT 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  WILLIAM U. EHMAN 1/10/08 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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 EHMAN, WILLIAM 6360 CORPORATE PARK CIRCLE #1 FT MYERS FL 33966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 1617 N FEDERAL HWY LAKE WORTH FL 33460 <input checked="" 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
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:  WILLIAM U. EHMAN		Date 1/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

60001256



01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5354716 Applied For
Not Applicable

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