

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90146 032 *****50.00

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01162007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000093845 1. Entity Name WESTSCAPES LLC					
Principal Place of Business 9100 MLK JR STREET N 1311 ST. PETERSBURG, FL 33702 US			Mailing Address P.O. BOX 56655 ST. PETERSBURG, FL 33732 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address POB 56655			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ST. PETERSBURG, FL		4. FEI Number 20-5683705	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33732		Country PUERTO RICO		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent THACKREY, MICHAEL F 11478 BAY STREET NE ST. PETERSBURG, FL 33716				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) DATE</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	MGRM MCBROOM, CHARLES D 9100 MLK STREET N ST. PETERSBURG, FL 33702			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THACKREY, MICHAEL F 11478 BAY STREET NE ST. PETERSBURG, FL 33716			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THACKREY, MICHAEL F 11478 BAY STREET NE ST. PETERSBURG, FL 33716			<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THACKREY, MICHAEL F 11478 BAY STREET NE ST. PETERSBURG, FL 33716			<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <div style="display: flex; justify-content: space-between;"> MICHAEL THACKREY Date Daytime Phone # </div>					