2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2007
Secretary of State

DOCUMENT# L06000114218

Entity Name: WEST CLOX ENTERTAINMENT, L.L.C.

Current Principal Place of Business:

3209 40TH STREET, SW
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

PO BOX 1853
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 16-1778271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAWTHORNE, ROBERT A
3522 SE 5TH PLACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CAMPOS, JUSTIN
Address: 2113 BARLATTA
City-St-Zip: ESTERO, FL 33928

Title: MGRM ( ) Delete
Name: CAMPOS, MIRANDA C
Address: 450 KATHRYN STREET
City-St-Zip: LABELLE, FL 33935

Title: MGRM ( ) Delete
Name: CAMPOS, ADA
Address: 3209 40TH STREET, SW
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 CAMPOS MGRM 07/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date