2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000116371

WEST GULF CONDOMINIUM HOLDINGS, LLC



FILED Jan 17, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1110 PINELLAS BAYWAY #213 TIERRA VERDE, FL 33715

1110 PINELLAS BAYWAY #213 TIERRA VERDE, FL 33715



01082008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	1_	Applied For
	20-5998412		Not Applicable
5.	Certificate of Status Desired	\$5.00	Additional

5. Certificate of Status Desired

55.00 Additional Fee Required

6.	Name	and Add	dress	of	Curr	ent l	Regist	ere	d.	Agent

ARSENAULT, KENNETH G JR ARSENAULT LAW GROUP, P.A. 10225 ULMERTON ROAD, SUITE 2

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LARGO, F	L 33771	IN INIS SPACE				
	named entity submits this statement for the purpose of changing its regions of registered agent.	 istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE; Re	pistered Agent signature required when reinstating) DATE				
FILE After May	: NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODGERS, THOMAS A 1110 PINELLAS BAYWAY #213 TIERRA VERDE, FL 33715	U00000787240				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		01/17/08-80075-005 138.75				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PROVED NAME OF SENING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Daytime Phone #