2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# L07000029396

Entity Name: WEST ENTERPRISES, LLC.

Current Principal Place of Business:

9305 PALM TREE DRIVE
WINDERMERE, FL 34786 US

New Principal Place of Business:

Current Mailing Address:

POB 234
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEST, TODD
9305 PALM TREE DRIVE
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

WEST, TODD J MR
9305 PALM TREE DRIVE
WINDERMERE, FL 34786 US

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: TODD J. WEST 03/31/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WEST, TODD
Address: POB 234
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM ( ) Delete
Name: WEST, GLADYS
Address: POB 234
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM ( ) Delete
Name: ROCHA, GLADYS
Address: POB 234
City-St-Zip: WINDERMERE, FL 34786 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: WEST, GLADYS M
Address: POB 234
City-St-Zip: WINDERMERE, FL 34786 US

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: TODD J. WEST MGRM 03/31/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date