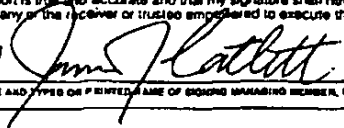


FILED
Jun 02, 2008 8:00 am
Secretary of State

04-09-2008 90128 038 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000039018			
1. Entity Name WESTRIDGE GUARANTY, LLC			
Principal Place of Business 1506 PRUDENTIAL DRIVE, STE 209 JACKSONVILLE, FL 32207		Mailing Address 1506 PRUDENTIAL DRIVE, STE 209 JACKSONVILLE, FL 32207	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-8846795		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILAM HOWARD NICANDRI DEES & GILLAM, P.A. 14 EAST BAY STREET JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and pay if applicable. (NOTE: Registered Agent signature required when reappointing)			
DATE _____		DATE _____	
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-STATE-ZIP ☐ Delete Member Manager James Carter 1506 Prudential Dr. Jacksonville, FL 32207		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: 		DATE _____	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	