2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 15, 2008 8:00 am
Secretary of State
04-15-2008 90100 004 ***138.75

DOCUMENT # L07000045605

1. Entity Name
DOMINION WESTSHORE, LLC

Principal Place of Business	Mailing Address
~~712 SOUTH OREGON AVE., SUITE 200~~ TAMPA, FL 33606	~~712 SOUTH OREGON AVE., SUITE 200~~ TAMPA, FL 33606

03062008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1414 W SWANN AVE	1414 W. SWANN AVE
Suite, Apt. #, etc.: SUITE 100	Suite, Apt. #, etc.: SUITE 100
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33606 / Country:	Zip: 33606 / Country:

4. FEI Number: 20-8994986 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCNAMARA, THOMAS P 2907 BAY TO BAY BLVD., SUITE 201 TAMPA, FL 33629	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	KRUSEN, W. ANDREW JR.	NAME	
STREET ADDRESS	~~712 SOUTH OREGON AVE., SUITE 200~~	STREET ADDRESS	1414 W SWANN AVE, SUITE 100
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	JONES, DOUGLAS N	NAME	
STREET ADDRESS	~~712 SOUTH OREGON AVE., SUITE 200~~	STREET ADDRESS	1414 W SWANN AVE, SUITE 100
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REED, DAVID H	NAME	
STREET ADDRESS	1414 W. SWANN AVE., STE. 100	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Douglas H. Jones 3-25-08 813-837-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #