

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082660

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: WEST COAST URBAN FLATS, LLC

**Current Principal Place of Business:**

5121 ERLICH ROAD, SUITE 112-B  
TAMPA, FL 33624

**New Principal Place of Business:**

3609 SCHEFFLERA RD  
TAMPA, FL 33618

**Current Mailing Address:**

5121 ERLICH ROAD, SUITE 112-B  
TAMPA, FL 33624

**New Mailing Address:**

3609 SCHEFFLERA RD  
TAMPA, FL 33618

FEI Number: 77-0695792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SBAR, JONATHAN  
2309 S. MACDILL AVENUE  
TAMPA, FL 33629 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: MGR ( ) Delete  
Name: JOHNSON, AVA  
Address: 5121 ERLICH ROAD, SUITE 112-B  
City-St-Zip: TAMPA, FL 33624

Title: MGR ( ) Delete  
Name: EWONAITIS, TONY  
Address: 5121 ERLICH ROAD, SUITE 112-B  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JOHNSON, AVA  
Address: 3609 SCHEFFLERA RD  
City-St-Zip: TAMPA, FL 33618

Title: MGR (X) Change ( ) Addition  
Name: EWONAITIS, TONY  
Address: 3609 SCHEFFLERA RD  
City-St-Zip: TAMPA, FL 33618

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: AVA JOHNSON

MRS

04/28/2009

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