

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

04-29-2008 90022 014 ***138.75

DOCUMENT # L07000084685

1. Entity Name
WSG WEST PALM BEACH MEZZ, LLC



Principal Place of Business
**400 ARTHUR GODFREY ROAD
STE 200
MIAMI BEACH, FL 33140**

Mailing Address
**400 ARTHUR GODFREY ROAD
STE 200
MIAMI BEACH, FL 33140**

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

03132008 Chg-LLC CR2E083 (12/06)

4. FEI Number

☒ Applied For
☐ Not Applied

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

**LAMONT NEIMAN INTERIAN & BELLET PA
ONE BISCAYNE TOWER 2550
TWO SOUTH BISCAYNE BLVD
MIAMI, FL 33131**

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 acknowledge the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

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 **Managing member** ☐ Delete
NAME **Sheppard, Eric**
STREET ADDRESS **400 Arthur Godfrey Rd #200**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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

[Signature] 4/24/08