

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091545

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: BSP/WESTSIDE PARTNERS II, LLC

**Current Principal Place of Business:**

250 PARK AVENUE SOUTH, SUITE 200  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

250 PARK AVENUE SOUTH, SUITE 200  
WINTER PARK, FL 32789

**New Mailing Address:**

4390 BELLE OAKS DRIVE  
SUITE 320  
CHARLESTON, SC 294058561 US

FEI Number: 26-0874810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION COMPANY OF ORLANDO  
300 SOUTH ORANGE AVENUE  
SUITE 1000 (MJG)  
ORLANDO, FL 328015403 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: WALSK, STEPHEN R  
Address: 4390 BELLE OAKS DRIVE SUITE 320  
City-St-Zip: CHARLESTON, SC 29405 US

Title: MGR ( ) Change (X) Addition  
Name: KUPP, KENNETH  
Address: 4390 BELLE OAKS DRIVE SUITE 320  
City-St-Zip: CHARLESTON, SC 29405 US

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: STEPHEN R. WALSH

MGR

03/20/2008

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