



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90134 001 \*\*\*976.25

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # L07000111425</b><br>1. Entity Name<br><b>WESTF HOLDINGS LLC</b>  |   |   |   |  |  |
| Principal Place of Business<br><b>701 BRICKELL AVENUE</b><br><b>850</b><br><b>MIAMI, FL 33131</b>  |   |   | Mailing Address<br><b>701 BRICKELL AVENUE</b><br><b>850</b><br><b>MIAMI, FL 33131</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |  |
| 4. FEI Number<br><b>01312008</b> Chg-LLC <b>CR2E083 (12/08)</b>  |   |   | Applied For<br><input checked="" type="checkbox"/> Not Applicable   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |   |   | 6. Name and Address of Current Registered Agent<br><b>TORRES, ONOFRE</b><br><b>701 BRICKELL AVENUE</b><br><b>850</b><br><b>MIAMI, FL 33131</b>  |   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |   |   | Make check payable to<br><b>Florida Department of State</b>   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>HERRERA, JULIO<br>701 BRICKELL AVENUE SUITE 850<br>MIAMI, FL 33131 | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>2/5/08</b> <b>305 371 2771</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |   |   |   |   |  |

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