

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023212

Entity Name: FOSHALEE WEST, LLC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

5773 VETERANS MEMORIAL DRIVE  
TALLAHASSEE, FL 323098623

**New Principal Place of Business:**

227 S. CALHOUN STREET  
TALLAHASSEE, FL 32301 US

**Current Mailing Address:**

5773 VETERANS MEMORIAL DRIVE  
TALLAHASSEE, FL 323098623

**New Mailing Address:**

P. O. BOX 391  
TALLAHASSEE, FL 32302 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

AUSLEY, DUBOSE  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323020391 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:

**ADDITIONS/CHANGES:**

Title: MGR  Change  Addition  
Name: KATE IRELAND, TRUSTEE KATE IRELAND 1985 TR  
Address: 227 SOUTH CALHOUN STREET  
City-St-Zip: TALLAHASSEE, FL 32301 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: DUBOSE AUSLEY

MGR

04/28/2009

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