

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053520

Entity Name: WESTON CENTER, LLC

FILED  
Apr 21, 2009  
Secretary of State

**Current Principal Place of Business:**

11380 PROSPERITY FARMS RD, 221E  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

11380 PROSPERITY FARMS RD, 221E  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 65-0788711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EDELMAN, KENNETH  
2600 GLADES CIRCLE, STE 100  
WESTON, FL 33327 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: MGRM ( ) Delete  
Name: EDELMAN, KENNETH  
Address: 2600 GLADES CIRCLE, STE 100  
City-St-Zip: WESTON, FL 33327

Title: MGRM ( ) Delete  
Name: EDELMAN, DEBRA  
Address: 2600 GLADES CIRCLE, STE 100  
City-St-Zip: WESTON, FL 33327

Title: MGRM ( ) Delete  
Name: LAROSA, ANDY  
Address: 801 OAK SHADOWS ROAD  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: DEBRA EDELMAN REVOKABLE TRUST  
Address: 2600 GLADES CIRCLE, STE 100  
City-St-Zip: WESTON, FL 33327

Title: MGRM (X) Change ( ) Addition  
Name: ANDY LAROSA & GRACIELA LAROSA AS TENANTS  
Address: 801 OAK SHADOWS ROAD  
City-St-Zip: CELEBRATION, FL 34747

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: KENNETH EDELMAN

MRM

04/21/2009

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