


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; opacity: 0.5; transform: rotate(-5deg); display: inline-block;">FILED</div> <div style="text-align: left; margin-top: 10px;">98 APR 13 AM 9:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L93000000028			
WEST COAST LTD., L.C. 721 S. FEDERAL HWY. DEERFIELD BEACH FL 33441		1a. Principal Place of Business Address 721 S. FEDERAL HWY. DEERFIELD BEACH FL 33441 <div style="text-align: right; font-size: 1.5em;">JR 4/14</div>			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/21/1993	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0381000	
Country		Country		5. Date of Last Report	
				04/07/1997	
				3a. State of Formation	
				FL	
				<input type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired	
				88.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
MORFIDIS, KONSTANTINOS 721 S. FEDERAL HWY. DEERFIELD BEACH FL 33441				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				100002490531--E -04/16/98--01050--020 ****188.75 ****188.75 FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	MORFIDIS, KONSTANTINOS	721 S. FEDERAL HWY.		DEERFIELD BCH. FL	
MEM	MORFIDIS, NARGARET	721 S. FEDERAL HWY.		DEERFIELD BCH. FL	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:		4/11/98		(954) 421-3020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	