2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000000844

1. Entity Name
WESTMINSTER CAPITAL COMPANY, L.C.

Principal Place of Business	Mailing Address
980 NORTH FEDERAL HIGHWAY, SUITE 400 BOCA RATON, FL 33432	980 NORTH FEDERAL HIGHWAY, SUITE 400 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

01122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0747300
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COMPARATO, ROBERT
980 NORTH FEDERAL HIGHWAY, SUITE 400
BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000136338
04/28/04-80088-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	COMPARATO, ROBERT
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, SUITE 400
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MEM
NAME	COMPARATO, MICHAEL
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, SUITE 400
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MEM
NAME	COMPARATO, JEFFREY
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, SUITE 400
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I 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 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.

SIGNATURE: Robert Comparato Robert Comparato 4-20-04 561-391-4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #