## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L98000002058**

1. Entity Name

WEST MELBOURNE ASSOCIATES L.C.



**FILED** May 02, 2007 08:00 A Secretary of State

Principal Place of Business

C/O JUSTER DEVELOPMENT CO. 303 SOUTH BROADWAY, SUITE 450 TARRYTOWN, NY 10591-5410

Mailing Address

C/O JUSTER DEVELOPMENT CO. 303 SOUTH BROADWAY, SUITE 450 TARRYTOWN, NY 10591-5410



## DO NOT WRITE IN THIS SPACE

04242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4025976 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL. 33156-0000

## 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
Filing Fee is \$50.00 Due by May 1, 2007 U00000757928 05/23/07-80090-008 50.			
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM JUSTER, GARY 303 SOUTH BROADWAY, SUITE 450 TARRYTOWN, NY 105915410		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SSPACE
TITLE NAME STREET ADDRESS CITY-S1-ZIP			
TITLE			

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 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

524-7700

Daytime Phone #