

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUN 18 AM 10:37

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 # L98000002890**

WEST GROVE INVESTMENTS, LLC
3616 Grand Avenue #6
Coconut Grove, FL 33133

1a. Principal Place of Business Address

3616 Grand Avenue #6
Coconut Grove, FL 33136

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified
11/30/98

3a. State of Formation
Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

City & State

City & State

65-0904218

Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

N/A

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

COOPER, RICHIE ALONZO
3616 Grand Avenue #6
Coconut Grove, FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-issuing)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

West Grove Managers, Inc.

3616 Grand Avenue #6

Coconut Grove, FL 33133

100002915061--1
-06/24/99--01109--031
*****588.75 *****588.75

100002915061--1
-06/24/99--01109--032
*****8.75 *****8.75

dec 99

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:

Richie A. Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER

Richie A. Cooper 6/16/99 (305)446-1155

Date Daytime Phone #

Charter Number Only

VALIDATION ONLY

Peter Gruber

Requestor's Name

9100 South Dadeland Blvd #910

Address

Miami, FL 33156

City

State

ZIP

Phone

1010B

CORPORATION(S) NAME

Westgrove investment
LLC

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out

99 JUN 18 AM 9:50

RECEIVED
EMPIRE STATE DEPARTMENT OF REVENUE
Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Cert Copy