2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000003513

1. Entity Name
WCD WESTGATE, L.L.C.

Principal Place of Business	Mailing Address
3348 EDGEWATER DRIVE ORLANDO, FL 32804	3348 EDGEWATER DRIVE ORLANDO, FL 32804

DO NOT WRITE IN THIS SPACE

01242005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
43-4260850	Not Applicable

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

6. Name and Address of Current Registered Agent

DEMETREE, JACK C
3348 EDGEWATER DRIVE
ORLANDO, FL 32804

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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, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DEMETREE, WILLIAM C
STREET ADDRESS	3348 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/03/05--80066-005 50.00

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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: *Wm C Demetre*   William C. Demetree   2/1/05   407-423-8191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #