2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

03-25-2004 90216 037 ****50.00
L99000001381

DOCUMENT # L99000001381

1. Entity Name

WESTVIEW PLAZA, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 27 AM 8:45

Principal Place of Business	Mailing Address
~~1361 AIRPORT RD., NORTH~~ NAPLES FL 34104	~~1361 AIRPORT RD., NORTH~~ NAPLES FL 34104

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
3073 SOUTH HORSESHOE DRIVE	
Suite, Apt. #, etc. SUITE 118	Suite 3073 SOUTH HORSESHOE DRIVE SUITE 118
City & State NAPLES, FLORIDA 34104	City & State NAPLES, FLORIDA 34104
Zip / Country	Zip / Country

4. FEI Number AP-PLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VETTER, RICHARD ~~1100 COMMERICIAL BLVD., #118~~ NAPLES FL 34104	Name Street Address (P.O. Box Number is Not Acceptable) 3073 SOUTH HORSESHOE DRIVE SUITE 118 City NAPLES, FLORIDA 34104 FL Zip Code

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)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR VETTER, RICHARD ~~1100 COMMERICAL BLVD., #118~~ NAPLES FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3073 SOUTH HORSESHOE DRIVE SUITE 118 NAPLES, FLORIDA 34104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700034807157 04/30/04--01018--019 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 3/18/04 239-643-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

dissolved already