

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008871

FILED
Apr 28, 2004
Secretary of State

Entity Name: WESTEND OF MIAMI, L.C.

Current Principal Place of Business:

2600 NW 87TH AVENUE
SUITE 32
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

2600 NW 87TH AVENUE
SUITE 32
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-0982481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARAMILLO, FERNAN
7603 ESTRELLA CIRCLE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

JARAMILLO, FERNAN
2600 NW 87TH AVENUE
SUITE 32
MIAMI, FL 33172 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/28/2004

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JARAMILLO, FEMAN
Address: 7603 ESTRELLA CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: MGR () Delete
Name: JARAMILLO, HELENA
Address: 7603 ESTRELLA CIRCLE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JARAMILLO, FERNAN
Address: 2600 NW 87 TH AVE SUITE 32
City-St-Zip: MIAMI, FL 33172

Title: MGR (X) Change () Addition
Name: JARAMILLO, HELENA
Address: 2600 NW 87 TH AVE SUITE 32
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FERNAN JARAMILLO

MGRM

04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date