

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000284

FILED
Apr 30, 2004
Secretary of State

Entity Name: WEST FAMILY, LLC

Current Principal Place of Business:

465 GRIFFIN BLVD.
AMERY, WI 54001

New Principal Place of Business:

Current Mailing Address:

465 GRIFFIN BLVD.
AMERY, WI 54001

New Mailing Address:

FEI Number: 39-1967403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, VIOLA (PAT) M
416 COOPER STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WEST, LYNN A
Address: 1212 GRANDVIEW DRIVE
City-St-Zip: HUDSON, WI 54016

Title: MGR () Delete
Name: WEST, RANDALL J
Address: 465 GRIFFIN BOULEVARD
City-St-Zip: AMERY, WI 54001

Title: MGR () Delete
Name: WEST, MICHEAL J
Address: 465 GRIFFIN BOULEVARD
City-St-Zip: AMERY, WI 54001

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LYNN WEST

MGRM

04/30/2004

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