

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90060 002 \*\*\*\*50.00

**DOCUMENT # M00000002441**

1. Entity Name

WSG WEST BAY VILLAGE GP, LLC



Principal Place of Business

400 ARTHUR GODFREY RD.  
SUITE # ~~2000~~ **200**  
MIAMI BEACH, FL 33140

Mailing Address

400 ARTHUR GODFREY RD.  
SUITE # ~~2000~~ **200**  
MIAMI BEACH, FL 33140



**DO NOT WRITE IN THIS SPACE**

07072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-1059974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SHEPPARD, ERIC D  
STREET ADDRESS 400 ARTHUR GODFREY ROAD #~~500~~ **200**  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE MGR  
NAME WOLWON, PHILIP  
STREET ADDRESS 400 ARTHUR GODFREY ROAD #~~500~~ **200**  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/09/04 3056733707