

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002441

FILED
Jul 28, 2009
Secretary of State

Entity Name: WSG WEST BAY VILLAGE GP, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1059974 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHEPPARD, ERIC D
Address: 400 ARTHUR GODFREY RD. STE 200
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR () Delete
Name: WOLWON, PHILIP
Address: 400 ARTHUR GODFREY RD. STE 200
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: WOLMAN, PHILIP
Address: 400 ARTHUR GODFREY RD. STE 200
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ERIC SHEPPARD

MM

07/28/2009

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