2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 15, 2008 08:00 AN Secretary of State **DOCUMENT # M05000003219** WESTGATE SQUARE LLC Principal Place of Business Mailing Address 11173 S.W. 37TH MANOR 11173 S.W. 37TH MANOR **DAVIE, FL 33328** DAVIE, FL 33328 01112008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3196400 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) *ქმმე*იიედა<mark>ბ</mark>ენებ <u>04/28/08-80005-001 138.75</u> FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGR TITLE NAME AZOR WESTGATE, LLC STREET ADDRESS 11173 S.W. 37TH MANOR CITY-ST-ZIP **DAVIE, FL 33328** TITLE NUME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-78P TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NATURE: Beth Azor

CITY-ST-ZIP

•

1/14/08

305-970-0416

Daytime Phone #

FILED