



FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000004199 1. Entity Name WESTGATE SQUARE II LLC			
Principal Place of Business 11173 S.W. 37TH MANOR DAVIE, FL 33328		Mailing Address 11173 S.W. 37TH MANOR DAVIE, FL 33328	
DO NOT WRITE IN THIS SPACE			
		01112008 No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 20-3225175 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		U000000898618 04/28/08-80003-025 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AZOR WESTGATE II LLC 11173 S.W. 37TH MANOR DAVIE, FL 33328	DO NOT WRITE IN THIS SPACE	
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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.			
SIGNATURE: <u>Beth Azor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1/14/08</u> Daytime Phone # <u>305-970-0416</u>	