

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006458

FILED
Jul 16, 2008
Secretary of State

Entity Name: WESTWOOD DISTRIBUTORS LLC

Current Principal Place of Business:

330 MADISON AVENUE
9TH FL
NEW YORK, NY 10017

New Principal Place of Business:

Current Mailing Address:

330 MADISON AVENUE
9TH FL
NEW YORK, NY 10017

New Mailing Address:

FEI Number: 20-3737802 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:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: MULLER, PATRICIA
Address: 330 MADISON AVE
City-St-Zip: NEW YORK, NY 10017

Title: MGRM () Delete
Name: MURRAY, ROBERT
Address: 330 MADISON AVE
City-St-Zip: NEW YORK, NY 10017

Title: MGRM () Delete
Name: BELL, WILLIAM
Address: 330 MADISON AVE
City-St-Zip: NEW YORK, NY 10017

Title: MGRM () Delete
Name: KUTSCHER, ROBERT
Address: 330 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: MGRM () Delete
Name: NAVON, JACOB
Address: 330 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10017

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:

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 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: PATRICIA MULLER

PTR

07/16/2008

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