

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004103

FILED
Mar 11, 2009
Secretary of State

Entity Name: WESTSHORE CAPITAL GP, LLC

Current Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI, FL 33133

New Principal Place of Business:

400 N. ASHLEY DRIVE
SUITE 2610
TAMPA, FL 33602

Current Mailing Address:

2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI, FL 33133

New Mailing Address:

550 SOUTH DIXIE HIGHWAY
SUITE 300
CORAL GABLES, FL 33146

FEI Number: 20-5136010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: MALIZIA, DAVID J
Address: RIVERGATE TWR, STE 2610; 400 N ASHLEY DR
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: KRUSEN, ANDREW
Address: 712 SOUTH OREGON AVE., SUITE 200
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: POWELL, EARL W
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 800
City-St-Zip: MIAMI, FL 33133

Title: S () Delete
Name: DAVID, GERSHMAN
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 800
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: POWELL, EARL W
Address: 550 SOUTH DIXIE HIGHWAY, SUITE 300
City-St-Zip: CORAL GABLES, FL 33146

Title: S (X) Change () Addition
Name: DAVID, GERSHMAN
Address: 550 SOUTH DIXIE HIGHWAY, SUITE 300
City-St-Zip: CORAL GABLES, FL 33146

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: DAVID GERSHMAN

SCTY

03/11/2009

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