

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004103

FILED  
Jan 20, 2010  
Secretary of State

**Entity Name:** WESTSHORE CAPITAL GP, LLC

**Current Principal Place of Business:**

400 N. ASHLEY DRIVE  
SUITE 2610  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

550 SOUTH DIXIE HIGHWAY  
SUITE 300  
CORAL GABLES, FL 33146

**New Mailing Address:**

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

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

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

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

I hereby 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

01/20/2010

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