2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 15, 2008 8:00 am Secretary of State

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1. Entity Name WESTLIN	MENT # N93000005 iks business park pro tion, inc.				4011	05-15-20 Janu	008 90020	008 ****	61.25	
	e of Business DEN CENTER DRIVE., STE 300 NGS, FL 34134	Mailing Address 24301 WALDEN CENTER BONITA SPRINGS, FL 34		0		11188 (KI) 18 111 18 57	1 16 111 61 111 811 21 E		1 110 (1 11 118 1	
2. Principal Place of Business - No P.O, Box #		3. Mailing Address 8409 No. Military Trl, Ste 123		123						
Suite, Apt. #, etc.		Suite, Apt. #, etc. C/O Cherry, Edgart Smith,		, PA	04162008	Chg-NP	CR2E0	37 (12/06)		
City & State		Palm Beach Gaedens, Fi			4. FEI Number 65-0572				oplied For ot Applicable	
Zip	Country	^{Zip} 33410	Country		5. Certificate of	of Status Desire	ed 🗆	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Ne	w Registered	Agent		
			Name							
HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE., STE 300 BONITA SPRINGS, FL 34134			Street A	Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Cod	ie	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or	r registere	ed agent, or both	n, in the State o	f Florida. Lam	familiar with,	and accept	
	•									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signate	ure required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	and title if applicable. (NOTE: 9. Election Camp Trust Fund Co	paign Financing		when reinstating) \$5.00 May Be Added to Fees	, , ,	DATE Make chec Florida Depar			
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	F	Make chec Florida Depar	tment of S	tate	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	F	Make chec Florida Depar	tment of S	tate	
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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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239 390-3836