

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90328 043 \*\*\*150.00

**DOCUMENT # P99000055394**

1. Entity Name  
WSG WEST COLONIAL G.P. INC.



Principal Place of Business  
400 ARTHUR GODFREY ROAD  
SUITE 200  
MIAMI, FL 33140

Mailing Address  
400 ARTHUR GODFREY ROAD  
SUITE 200  
MIAMI, FL 33140



03132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0938344

Applied For  
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LAMONT NEIMAN INTERIAN & BELLET, P.A.  
ONE BISCAYNE TOWER, STE. 3550  
TWO SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
WOLMAN, PHILLIP  
400 ARTHUR GODFREY ROAD, STE. 200  
MIAMI, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SHEPPARD, ERIC  
400 ARTHUR GODFREY ROAD, STE. 200  
MIAMI, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

11/24/08