

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000021369

**FILED**  
**Jul 06, 2004**  
**Secretary of State**

**Entity Name:** WESTMONTE OFFICE HOLDINGS, L.L.C.

**Current Principal Place of Business:**

1972 BRIDGEWATER DRIVE  
HEATHROW, FL 32746

**New Principal Place of Business:**

242 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

1972 BRIDGEWATER DRIVE  
HEATHROW, FL 32746

**New Mailing Address:**

242 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 03-0478874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OROSZ, WILLIAM S JR.  
1972 BRIDGEWATER DRIVE  
HEATHROW, FL 32746

**Name and Address of New Registered Agent:**

OROSZ, WILLIAM S JR.  
242 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

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:

07/06/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: OROSZ, WILLIAM S JR  
Address: 242 N WESTMONTE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM S. OROSZ, JR.

MGR

07/06/2004

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