

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021369

**FILED**  
**Mar 23, 2005**  
**Secretary of State**

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

**Current Principal Place of Business:**

242 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

235 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

242 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

235 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.  
242 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

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

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

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: W. S. OROSZ, JR.

03/23/2005

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: MGRM (X) Change ( ) Addition  
Name: OROSZ, WILLIAM S JR  
Address: 235 N WESTMONTE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: W. S. OROSZ, JR.

MGRM

03/23/2005

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