

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021369

FILED  
Apr 10, 2006  
Secretary of State

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

**Current Principal Place of Business:**

235 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

235 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

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.  
235 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714 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 ( ) Delete  
Name: OROSZ, WILLIAM S JR  
Address: 235 N WESTMONTE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: OROSZ, STEPHEN W  
Address: 235 N. WESTMONTE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEPHEN OROSZ

MGR

04/10/2006

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