


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000028546 1. Entity Name AON WESTPOINTE, LLC		
Principal Place of Business 6951 NW 109 AVE. MIAMI, FL 33178	Mailing Address 6951 NW 109 AVE. MIAMI, FL 33178	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent AHMAD, SHAHABUDEEN 6951 NW 109 AVE. MIAMI, FL 33178		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AHMAD, SHAHABUDEEN 6951 NW 109TH AVENUE MIAMI, FL 33178	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Shahabudeen Ahmad</u> <u>2/18/05</u> <u>3053365000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



02182005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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02/21/05-80088-007 55.00