


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90161 029 \*\*\*\*55.00

<b>DOCUMENT # L03000028546</b>	
1. Entity Name <b>AON WESTPOINTE, LLC</b>	

Principal Place of Business <b>6951 NW 109 AVE. MIAMI FL 33178</b>	Mailing Address <b>6951 NW 109 AVE. MIAMI FL 33178</b>
---	---



2. Principal Place of Business - No P.O. Box # <b>8901 NW 35th LANE</b>	3. Mailing Address <b>8901 NW 35th LANE</b>
Suite, Apt. #, etc. <b>Suite #201</b>	Suite, Apt. #, etc. <b>Suite #201</b>
City & State <b>MIAMI FLORIDA</b>	City & State <b>MIAMI FLORIDA</b>
Zip <b>33172</b>	Country <b>USA</b>

1st MOORE CR2E083 (10/06)

4. FEI Number <b>05-0580219</b>	Applied For <input checked="" type="checkbox"/> NO-T APPLICABLE
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>AHMAD, SHAHABUDEEN 6951 NW 109 AVE. MIAMI FL 33178</b>	7. Name and Address of New Registered Agent Name <b>AHMAD, Shahabudeen</b> Street Address (P.O. Box Number is Not Acceptable) <b>8901 NW 35th LANE</b> <b>Suite #201</b> City <b>MIAMI</b> FL Zip Code <b>33172</b>
--	--

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 Shahabudeen Ahmad **SHAHABUDEEN AHMAD** 3/12/07  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM AHMAD, SHAHABUDEEN 6951 NW 109TH AVENUE MIAMI FL 33178</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM AHMAD, Shahabudeen 8901 NW 35th LANE Suite #201 MIAMI FL 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Shahabudeen Ahmad **SHAHABUDEEN AHMAD** 3/12/07 3055009589  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #