

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043590

**FILED**  
**Apr 20, 2007**  
**Secretary of State**

**Entity Name:** WESTMONTE FINANCIAL GROUP, LLC

**Current Principal Place of Business:**

2700 WESTHALL LANE  
120  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

2461 W STATE ROAD 426  
2061  
OVIEDO, FL 32765 US

**Current Mailing Address:**

2700 WESTHALL LANE  
120  
MAITLAND, FL 32751 US

**New Mailing Address:**

2461 W STATE ROAD 426  
2061  
OVIEDO, FL 32765 US

**FEI Number:** 20-1237765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, ANTHONY D  
2700 WESTHALL LANE  
120  
MAITLAND, FL 32751 US

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

SMITH, ANTHONY D  
2461 W STATE ROAD 426  
2061  
OVIEDO, FL 32765 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: ANTHONY D SMITH

04/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: O'NEAL, MICHAEL  
Address: 2700 WESTHALL LANE, SUITE 120  
City-St-Zip: MAITLAND, FL 32751 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: O'NEAL, MICHAEL  
Address: 2461 W STATE ROAD 426, STE 2061  
City-St-Zip: OVIEDO, FL 32765 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: MICHAEL J O'NEAL

MGRM

04/20/2007

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