

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Apr 20, 2006 8:00 am  
Secretary of State**

04-20-2006 90037 032 \*\*\*\*50.00

DOCUMENT # L05000045186		
1. Entity Name WESTMONTE CENTER, LLC		

Principal Place of Business 241 S. WESTMONTE DRIVE, #1010 ALTAMONTE SPRINGS, FL 32714	Mailing Address 241 S. WESTMONTE DRIVE, #1010 ALTAMONTE SPRINGS, FL 32714
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03082006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2872233	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent  STEPHAN, REINHARD G 241 S. WESTMONTE DRIVE, #1010 ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
--	--

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHAN, MICHELLE R 241 S. WESTMONTE DRIVE, #1010 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition  <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-15-06

407-772-3330

Daytime Phone #