

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081905

FILED
Jan 06, 2007
Secretary of State

Entity Name: WESTPARK CAPITAL INSURANCE SERVICES LLC

Current Principal Place of Business:

210 SOUTH FEDERAL HIGHWAY
SUITE 205
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

210 SOUTH FEDERAL HIGHWAY
SUITE 205
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 20-3326804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTPARK HOLDINGS LLC
210 SOUTH FEDERAL HIGHWAY
SUITE 205
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

WESTPARK CAPITAL FINANCIAL SERVICES LLC
210 SOUTH FEDERAL HIGHWAY
SUITE 205
DEERFIELD BEACH, FL 33441 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: WESTPARK CAPITAL FINANCIAL SERVICES LLC

01/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WESTPARK HOLDINGS LL, C
Address: 210 SOUTH FEDERAL HIGHWAY, SUITE 205
City-St-Zip: DEERFIELD BEACH, FL 33441 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WESTPARK CAPITAL FIN, ANCIAL SERVICE S LLC
Address: 210 SOUTH FEDERAL HIGHWAY, SUITE 205
City-St-Zip: DEERFIELD BEACH, FL 33441 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: ANTHONY C PINTSOPOULOS

CFO

01/06/2007

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