2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2008
Secretary of State

DOCUMENT# L05000081905

Entity Name: WESTPARK CAPITAL INSURANCE SERVICES LLC

Current Principal Place of Business:

4737 NORTH OCEAN DR. SUITE 207
LAUDERDALE BY THE SEA, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

4737 NORTH OCEAN DR. SUITE 207
LAUDERDALE BY THE SEA, FL 33308 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 CAPITAL FINANCIAL SERVICES LLC
210 SOUTH FEDERAL HIGHWAY
SUITE 205
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

WESTPARK CAPITAL FINANCIAL SERVICES LLC
4737 NORTH OCEAN DR. SUITE 207
LAUDERDALE BY THE SEA, FL 33308 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: 01/06/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WESTPARK CAPITAL FIN, ANCIAL SERVICE S LLC
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: 4737 NORTH OCEAN DR. SUITE 207
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 US

I hereby certify that the information supplied with this filing does not qualify 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 01/06/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date