2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000003890

1. Entity Name
ORLANDO WESTPOINTE, LLC

FILED
06 AUG 24 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1212 NORTH LASALLE STREET, SUITE 100 CHICAGO, IL 60610	1212 NORTH LASALLE STREET, SUITE 100 CHICAGO, IL 60610

07062006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1030 North Clark Street	1030 North Clark Street
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Chicago IL 60610	City & State: Chicago IL 60610
Zip: 60610 Country: USA	Zip: 60610 Country: USA

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2713 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SEG ORLANDO WESTPOINTE CONSULTANTS, INC. 1212 NORTH LASALLE STREET, SUITE 100 CHICAGO, IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SEG Orlando Westpointe Consultants, Inc. 1030 North Clark Street, Suite 300 Chicago-IL-60610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 605, Florida Statutes.

SIGNATURE: Anthony R. Di Benedetto Anthony R. Di Benedetto 7-11-06 312-595-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #