

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 JUL 23 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
BK

DOCUMENT # M05000003890

1. Entity Name
ORLANDO WESTPOINTE, LLC



Principal Place of Business
**1030 NORTH CLARK STREET, SUITE 300
CHICAGO, IL 60610**

Mailing Address
**1030 NORTH CLARK STREET, SUITE 300
CHICAGO, IL 60610**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07232007 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR 20-3152746

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

BK

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.
1030 NORTH CLARK STREET, SUITE 300
CHICAGO, IL 60610**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**500106820085
07/27/07--01040--010 **55.00**

☐ Change ☐ Addition

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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

Anthony R. DiBenedetto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Anthony R. DiBenedetto-Sec to MGR 7-20-07 312-995-4723

Date

Daytime Phone #