## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000042763

WINDERMERE WINTER PARK VENTURES, LLC



**FILED** Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

100 HARBOR WAY

HOBE SOUND, FL 33455

100 HARBOR WAY

HOBE SOUND, FL 33455

US



04072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Numbe **NOT APPLICABLE**  Applied For Not Applicable

Certificate of Status Desired

\$5.00 Additional

|  |   |  | Fee Required                                   |
|--|---|--|--|
|  | 6. Name and Address of Current Registered Agent   | PARTE TO THE PARTE OF THE PARTE | ALAPAGARAGA BACARAGA SA                        |
| WHWW, II<br>390 N OR<br>SUITE 150<br>ORLANDO   | ANGE AVE  | DO NOT   |  |
|  | e named entity submits this statement for the purpose of chan<br>tions of registered agent. | ging its registered office or registered agent, or both, in the Sta  | tte of Florida. I am familiar with, and accept |
| SIGNATURE.   | Signature, typed or printed name of registered agent and title if applicable.               | (NOTE: Registered Agent signature required when reinstating)   | DATE   |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS FARET AND ACCORDANCE TO A CONTRACT AN |   |  |  |
| TITLE  | MGRM  |  |  |
| NAME   | GELMAN, JEFFREY   |  |  |
| STREET ADDRESS   | 100 HARBOR WAY  |  |  |
| CITY-ST-ZIP  | HOBE SOUND, FL 33455  |  |  |
| TITLE<br>NAME  |   |  |  |
| STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP  |   |  |  |
| TITLE  |   |  | 00009158216333444754<br>208-99003-01631383754  |
| NAME   |   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   | TO MODE THE SEE  | WRITE  |
| TITLE  |   |  | BEBERRANGERS CHEST STREET SECOND STREET        |
| NAME   |   |  | SPACE  |
| STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP  |   |  |  |
| TITLE  |   |  |  |
| NAME   |   |  |  |
| STREET ADDRESS   |   | ■ 外部分 四部分 辦 配神雄群組 海鄉   | 第四百四百万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万        |

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE