


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # L04000080455**

1. Entity Name  
**WINDERMERE WINGS, LLC**



Principal Place of Business <b>7 WEST MAIN STREET, SUITE 100          APOPKA, FL 32703</b>	Mailing Address <b>7 WEST MAIN STREET, SUITE 100          APOPKA, FL 32703</b>
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-2475257</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GRABER, JAMES M  
 7 WEST MAIN STREET, SUITE 100  
 APOPKA, FL 32703**

**DO NOT WRITE IN THIS SPACE**

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: *J.M. Graber, J.M. Graber, Managing Member 01/18/2008* DATE: \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ALEXANDER AVIATION ASSOCIATES, INC. 7 WEST MAIN STREET, SUITE 100 APOPKA, FL 32703</b>
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 01/18/08-80017-018.143.75

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: *J.M. Graber, J.M. Graber, Managing Member 01/14/2008* Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

407-886-3322