

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107997

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: WINDERMERE INVESTMENTS, LLC

**Current Principal Place of Business:**

232 S. DILLARD STREET  
SUITE 201  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

132 W. PLANT STREET  
SUITE 200  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

PO BOX 770609  
WINTER GARDEN, FL 34777

**New Mailing Address:**

FEI Number: 20-5838958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAY, JACQUELINE M  
232 S. DILLARD STREET  
SUITE 201  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

MAY, JACQUELINE M  
132 W. PLANT STREET  
SUITE 200  
WINTER GARDEN, FL 34787 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: JACQUELINE M MAY

04/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KAMINSKI, CHRISTOPHER  
Address: PO BOX 770609  
City-St-Zip: WINTER GARDEN, FL 34777

Title: MGR ( ) Delete  
Name: JUNE, ROHLAND A  
Address: PO BOX 770609  
City-St-Zip: WINTER GARDEN, FL 34777

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER KAMINSKI

MGR

04/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date