


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000002194</b> 1. Entity Name WINDERMERE WATERFORD LAKES, LLC	
---	---

Principal Place of Business 13100 W. COLONIAL DRIVE WINTER GARDEN, FL 34787	Mailing Address 13100 W. COLONIAL DRIVE WINTER GARDEN, FL 34787
---	---

**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-0623383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MCPHERSON, REX V II 13100 W. COLONIAL DRIVE WINTER GARDEN, FL 34787
--

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


**Filing Fee Is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINDERMERE GROVES, INC. 13100 W. COLONIAL DRIVE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCPHERSON, REX V II 13100 W COLONIAL DR WINTER GARDEN, FL 347873953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000704983  
04/23/07-80034-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  **Rex V. McPherson, II** **04/10/07** **(407) 656-2291**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #