

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033056

FILED
Aug 11, 2004
Secretary of State

Entity Name: WINDEMERE PARTNERS, L.L.C.

Current Principal Place of Business:

215 BALLYSHANNON STREET
UNIT C-502
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

215 BALLYSHANNON STREET
UNIT C-502
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 55-0817523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, WILLIAM F JR
215 BALLYSHANNON ST
C-501
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GRAY, WILLIAM F JR
Address: 215 BALLYSHANNON STREET, UNIT 502
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: MGRM () Delete
Name: GRAY, ROBERTA STORTS
Address: 215 BALLYSHANNON STREET, UNIT 502
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: MGRM () Delete
Name: VOLDNESS, I.D.
Address: 215 BALLYSHANNON STREET, UNIT 502
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: MGRM () Delete
Name: VOLDNESS, MARY T
Address: 215 BALLYSHANNON STREET, UNIT 502
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES:

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

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

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 Section 119.07(3)(i), 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: WILLIAM GRAY

MGRM

08/11/2004

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