2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L04000049979

Entity Name: WINDERMERE FINANCIAL CENTER, LLC

Current Principal Place of Business:

9350 CONROY WINDERMERE ROAD
WINDERMERE, FL 34786

New Principal Place of Business:

9350 CONROY WINDERMERE ROAD
WINDERMERE, FL 34786 US

Current Mailing Address:

P.O. BOX 8800
WINDERMERE, FL 34786

New Mailing Address:

9350 CONROY WINDERMERE ROAD
WINDERMERE, FL 34786 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
420 SOUTH ORANGE AVE.
SUITE 1200
ORLANDO, FL 328014904 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/MANAGERS:

Title: MGRM ( ) Delete
Name: TAVISTOCK CORPORATIO, N
Address: P.O. BOX 8800
City-St-Zip: WINDERMERE, FL 34786

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WFC, LLC,
Address: 9350 CONROY WINDERMERE ROAD
City-St-Zip: WINDERMERE, FL 34786 US

Title: M ( ) Change (X) Addition
Name: ARCHIVE PROPERTIES,, LLC
Address: 1701 PARK CENTER DRIVE
City-St-Zip: ORLANDO, FL 32835 US

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: JEFFERSON R. VOSS V 04/18/2006

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