

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059064

Entity Name: WILDMERE VILLAGE, LLC

FILED  
Jul 25, 2006  
Secretary of State

## Current Principal Place of Business:

940 HIGHLAND AVENUE  
ORLANDO, FL 32803

## New Principal Place of Business:

## Current Mailing Address:

940 HIGHLAND AVENUE  
ORLANDO, FL 32803

## New Mailing Address:

741 DIXIE PARKWAY  
WINTER PARK, FL 32789

FEI Number: 56-2475469      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

REX, RANDALL L  
940 HIGHLAND AVENUE  
ORLANDO, FL 32803      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: MGR      ( ) Delete  
Name: REX, RANDALL L  
Address: 940 HIGHLAND AVENUE  
City-St-Zip: ORLANDO, FL 32803

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

## ADDITIONS/CHANGES:

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

Title: MGR      ( ) Change (X) Addition  
Name: CASEBIER, JOHN R  
Address: 741 DIXIE PARKWAY  
City-St-Zip: WINTER PARK, FL 32789 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: JOHN R. CASEBIER

MGR

07/25/2006

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