

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-03-2005 90116 027 ****50.00

DOCUMENT # L04000081516 1. Entity Name WINDERMERE GRILL, LLC						
Principal Place of Business 1480 "C" AVENUE OF THE STARS, TRAILER P-15 LAKE BUENA VISTA, FL 32830			Mailing Address P.O. BOX 22136 EPCOT CENTER LAKE BUENA VISTA, FL 32830			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip		Country		Zip		
				Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
DEBLER, RICHARD D 1480 "C" AVENUE OF THE STARS, TRAILER P-15 LAKE BUENA VISTA, FL 32830				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing)						
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	<i>Managing Member</i> ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	<i>Richard D Debler</i>			NAME		
STREET ADDRESS	<i>P.O. Box 22136</i>			STREET ADDRESS		
CITY-ST-ZIP	<i>LAKE BUENA VISTA, FL 32830</i>			CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				<i>1/26/05</i> <i>407-842-1100</i> Date Daytime Phone #		

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4. FEI Number **20-1877481** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required ☒