## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 27, 2005 8:00 am Secretary of State

ANNUAL REPURI				Secretary of State			
DOCUMENT # L0400090956  1. Entity Name			<u> </u>		90023 049 ****5		
WESMERE DEVELOPMENT, LLC							
Principal Place of Business	Mailing Address		-	14	100140 <del>e</del>		
61 WEST COLONIAL DRIVE	61 WEST COLONIAL DRI	VE	,				
ORLANDO, FL 32801	ORLANDO, FL 32801						
				. <b> </b>	FBI/B (CVII BICUI 1818) BIJUR 91		
2. Principal Place of Business (a) W. Colonial De							
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04062005	Chg-LLC	CR2E083 (10/03)		
Dri ando, FU	Orlando, FU		9, FEI Numb	524535	<del> </del>	oplied For ot Applicable	
Zip Country	Zip	Country	AU AL	of Status Desired	□ \$5.00 Add	ditional	
37801 USA	37801	N21+			Fee Require	d	
6. Name and Address of Current I	registered Agent	Name	/. Name and	Address of New Re	gistered Agent		
SHOEMAKER, JOHN B							
61 WEST COLONIAL DRIVE			is (P.O. Box Number is Not Acceptable)				
ORLANDO, FL 32801							
		City Dyla	odo		FL Zip Code	201	
8. The above named entity submits this statement for	the purpose of changing its	registered office or register	tered agent, or bo	th, in the State of Flori		and accept	
the obligations of registered agent.					122/05	•	
SIGNATURE					122,03		
Signature, typed or prilited name of registered agent a	ind tide if applicable. (NOTE:	: Registered Agent signature requi	red when reinstating)		DATE		
Filling Fee is \$50.00 Due by May 1, 2005	nd title if applicable. (NOTE	: Registered Agent signature requi	ired when reinstating)		Check payable to Department of State	e	
Filing Fee is \$50.00		Registered Agent signature requi	red when reinstating)		check payable to Department of State	e	
Filing Fee is \$50.00 Due by May 1, 2005  9. MANAGING MEMBEI		10.	red when reinstating)	Florida	check payable to Department of State	e Addition	
Filing Fee is \$50.00 Due by May 1, 2005  9. MANAGING MEMBEI TITLE NAME ALBERT KODS I	RS/MANAGERS	10. TITLE NAME	red when reinstating)	Florida	check payable to Department of State		
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11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 4/22/05 407 2947 93
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Proces