

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2005 90023 049 ****50.00

DOCUMENT # L04000090956

1. Entity Name
WESMERE DEVELOPMENT, LLC



Principal Place of Business
**61 WEST COLONIAL DRIVE
ORLANDO, FL 32801**

Mailing Address
**61 WEST COLONIAL DRIVE
ORLANDO, FL 32801**

14001406



2. Principal Place of Business
61 W. Colonial Dr
Suite, Apt. #, etc.

3. Mailing Address
61 W. Colonial Dr
Suite, Apt. #, etc.

04062005 Chg-LLC CR2E083 (10/03)

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
20-2034535

Applied For
Not Applicable

Zip
32801

Country
USA

Zip
32801

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHOEMAKER, JOHN B
61 WEST COLONIAL DRIVE
ORLANDO, FL 32801**

Name
Street Address (P.O. Box Number is Not Acceptable)
61 W. Colonial Dr
City **Orlando, FL** Zip Code **32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/05

**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
NAME **P ALBERT KODSI** ☐ Delete
STREET ADDRESS **61 W. Colonial Dr**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VP JOHN B. SHOEMAKER** ☐ Delete
STREET ADDRESS **61 W. Colonial Dr**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VPT ODED COHEN** ☐ Delete
STREET ADDRESS **61 W. Colonial Dr**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VP STONE KODSI** ☐ Delete
STREET ADDRESS **61 W. Colonial Dr**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/05 407 294 7931

Date

Daytime Phone #