2006 LIMITED LIABILITY COMPANY

FILED Apr 28, 2006 8:00 am

ANNUAL REPORT					Secretary of State				
DOCUMENT #L05000098910			Si Si			04-28-2006	5 90017 0:	35 ****5	50.00
1. Entity Name WINDERMERE DOUGLAS, LLC									
Principal Place of Business Mailing Address									
13100 WEST COLONIAL DRIVE Winter Garden, FL 34787-3953		P.O. BOX 770338 WINTER GARDEN, FL 34777-0338							
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182006	Chg-LLC	CR2E08	3 (11/05)		
City & State		City & State		4. FEI Numbe 59-	0623383			plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		5.00 Add	
<u> </u>	6. Name and Address of Current	Registered Agent				Address of New R	tegistered A	gent	
MCPHERSON, REX V II			INE	Name					
13100 WE	ST COLONIAL DRIVE SARDEN, FL 34787-3953			eet Address (P.O. Box Numbe	r is Not Acceptable	9)		
								· ···	
			Cit	У			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									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									
									_
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State					
9. MANAGING MEMBE		ERS/MANAGERS	10.			ADDITIONS,	/CHANGES		
TITLE		☐ Delete	ITTLE	MG				☐ Change	★ Addition
NAME			NAME		MCPHERSON, REX V II 13100 WEST COLONIAL DRIVE				
STREET ADDRESS CITY-ST-ZIP			STREET ADO					^	
TITLE		☐ Delete	TITLE	WI.	NIEK GAK	DEN FL 347		Change	☐ Addition
NAME		L Delete	NAME					L_) Change	
STREET ADDRESS			STREET ADO	l l					
CITY-ST-ZIP			CITY-ST-ZI	P					
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition .
STREET ADDRESS			STREET ADO	RESS					
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TITLE		☐ Delete	TITLE			·- 		Change	Addition
NAME 070007 ADDDGGG			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADC						
TITLE		☐ Deleta	TITLE	 				Change	☐ Addition
NAME			NAME					0.0000	
STREET ADDRESS			STREET ADD	RESS					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and appearate 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 trasfee empowered to execute this report as required by Chapter 608, Florida Statutes.

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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

CITY-\$T-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Rex V. McPherson, II 04/18/06

(407) 656-2291

Date

Daytime Phone #

☐ Change

Addition