


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000100049</b> 1. Entity Name WINDERMERE MT. OLIVE, LLC	
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Principal Place of Business 13100 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787-3953	Mailing Address P.O. BOX 770338 WINTER GARDEN, FL 34777-0338
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**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-0623383	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MCPHERSON, REX V II 13100 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787-3953
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCPHERSON, REX V II 13100 W COLONIAL DR WINTER GARDEN, FL 347873953
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04/23/07-80029-016 50.00

**DO NOT WRITE  
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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 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 606, Florida Statutes.

**SIGNATURE:**  **Rex V. McPherson, II** **04/10/07** **(407) 656-2291**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #