

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018980

Entity Name: WENDIMERE INVESTMENTS, LLC

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

210 ROBBINS REST CIRCLE
DAVENPORT, FL 33896

New Principal Place of Business:

12 NORTH 5TH STREET
HAINES CITY, FL 33844

Current Mailing Address:

210 ROBBINS REST CIRCLE
DAVENPORT, FL 33896

New Mailing Address:

12 NORTH 5TH STREET
HAINES CITY, FL 33844

FEI Number: 20-4535754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARD P. JORDAN, II, P.A.
604 N. HIGHWAY 27
MINNEOLA, FL 34715 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REILLY, WILLIAM
Address: 210 ROBBINS REST CIRCLE
City-St-Zip: DAVENPORT, FL 33896

Title: MGRM () Delete
Name: MEERE, WENDY A
Address: 210 ROBBINS REST CIRCLE
City-St-Zip: DAVENPORT, FL 33896

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REILLY, WILLIAM
Address: 12 NORTH 5TH STREET
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM (X) Change () Addition
Name: MEERE, WENDY A
Address: 12 NORTH 5TH STREET
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WENDY A MEERE

MGRM

02/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date