FILED
May 02, 2007 8:00 am
Secretary of State
04-16-2007 90349 043 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000086098

1. Entity Name
WINDERMERE PROFESSIONAL PARK, LLC

Principal Place of Business	Mailing Address
232 S. DILLARD ST SUITE 201 WINTER GARDEN, FL 34787	PO BOX 770609 WINTER GARDEN, FL 34777

04112007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
132 W. Plant St.	
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.
City & State: Winter Garden FL	City & State
Zip: 34787 Country: US	Zip Country

4. FEI Number: 20-5471101 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAY, JACQUELINE M
232 S DILLARD ST
SUITE 201
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 132 W. Plant St.
Suite 200
City: Winter Garden FL Zip Code: 34787

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: Jacqueline May — 4-11-07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	HOLSTON, ROBERT W	
STREET ADDRESS	PO BOX 770609	
CITY-ST-ZIP	WINTER GARDEN, FL 34777	
TITLE	MGR	☐ Delete
NAME	JUNE, ROHLAND A	
STREET ADDRESS	PO BOX 770609	
CITY-ST-ZIP	WINTER GARDEN, FL 3777	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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 608, Florida Statutes.

SIGNATURE: Rohland A June 4-11-07 407-905-8180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #