

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014476

Entity Name: WINDERMERE TITLE LLC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

401 MAIN STREET
SUITE D
WINDERMERE, FL 34786

Current Mailing Address:

401 MAIN STREET
SUITE D
WINDERMERE, FL 34786

New Principal Place of Business:

401 MAIN STREET
SUITE B
WINDERMERE, FL 34786

New Mailing Address:

401 MAIN STREET
SUITE B
WINDERMERE, FL 34786

FEI Number: 20-8401058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, JASON
401 MAIN STREET
SUITE D
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

MAIN STREET ASSOCIATES, INC.
401 MAIN STREET
SUITE B
WINDERMERE, FL 34786 US

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: JASON BLACK

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAIN STREET ASSOCIAT, ES, INC.
Address: 401 MAIN STREET, SUITE B
City-St-Zip: WINDERMERE, FL 34786

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLACK, JASON
Address: 401 MAIN STREET, SUITE B
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Change (X) Addition
Name: G & J FAMILY TRUST,
Address: 401 MAIN STREET, SUITE B
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify 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: JASON BLACK

MGRM

04/22/2008

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