


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT #L94000000675

1. Name and Mailing Address
of Limited Liability Company

WYNDHAM FINANCIAL, L.C.
C/O J BOB HUMPHRIES
501 E KENNEDY BLVD SUITE 1700
TAMPA FL 33602

1a. Principal Place of Business Address

C/O J BOB HUMPHRIES
501 E KENNEDY BLVD SUITE 1700
TAMPA FL 33602

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

12/09/1994

3a. State of Formation

FL

4. FEI Number

59-3282777

☐ Applied For
☐ Not Applicable

5. Date of Last Report

08/01/1996

6. Certificate of Status Desired

☒ SR-7: Additional Fee Required

7. Name and Address of Current Registered Agent

HUMPHRIES, J. BOB
501 E KENNEDY BLVD #1700
TAMPA FL 33602

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	CARR, SIDNEY L	729 BENJAMIN FOX PAVILION	JENKINTOWN PA
MGR	RAYWOOD, ROBERT F	729 BENJAMIN FOX PAVILION	JENKINTOWN PA
MGR	NORELLI, LOUIS A	729 BENJAMIN FOX PAVILION	JENKINTOWN PA
MGR	DARREN, BRUCE	35246 US 19 N	PAHM HARBOR FL

700002162457--5

-05/01/97--01106--005

****203.75 ****203.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Robert F. Raywood, Manager

4/14/97 (215) 886-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #