

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L96000000972

Entity Name: WINDEMERE WEST, L.C.

**FILED**  
**Apr 29, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

128 MAIN STREET  
OSPREY, FL 34229

**New Principal Place of Business:**

1834 MAIN STREET  
SARASOTA, FL 34236 US

**Current Mailing Address:**

128 MAIN STREET  
OSPREY, FL 34229

**New Mailing Address:**

1834 MAIN STREET  
SARASOTA, FL 34236 US

FEI Number: 65-0697264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHANDLER, JAMES R III  
1834 MAIN STREET  
SARASOTA, FL 34236 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FORLENZA, MARC  
Address: 128 MAIN STREET  
City-St-Zip: OSPREY, FL 34229

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FORLENZA, MARC  
Address: 1834 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARC A. FORLENZA

MGRM

04/29/2004

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