

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 28, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L99000006470**

**1. Entity Name**

**WENDOVER HOUSING, L.L.C.**



**Principal Place of Business**

**615 CRESCENT EXECUTIVE COURT, SUITE 120  
LAKE MARY, FL 32746**

**Mailing Address**

**615 CRESCENT EXECUTIVE COURT, SUITE 120  
LAKE MARY, FL 32746**



04272006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**59-3610331**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GRAY, N. DWAYNE JR.  
C/O GREENSPOON, MARDER, HIRSHFELD, RAFKIN  
201 EAST PINE STREET SUITE 500  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

**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**

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, 2006**

**UD00000543126  
05/10/06-80126-012 50.00**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGR  
NAME WOLF, JONATHAN L  
STREET ADDRESS 615 CRESCENT EXECUTIVE COURT, STE 120  
CITY-ST-ZIP LAKE MARY, FL 32746**

**TITLE MGR  
NAME BORCK, TODD L  
STREET ADDRESS 615 CRESCENT EXECUTIVE COURT, STE 120  
CITY-ST-ZIP LAKE MARY, FL 32746**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
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CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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IN THIS SPACE**

**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:**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/26/06 (407) 333-1440**