

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003638

1. Entity Name
**WINDERMERE INFORMATION TECHNOLOGY SYSTEMS,
LLC**



Principal Place of Business
**2000 WINDERMERE COURT
ANNAPOLIS, MD 21401**

Mailing Address
**2000 WINDERMERE COURT
ANNAPOLIS, MD 21401**



04122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2078259

Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2004**

UN00000119065
04/19/04-80085-015 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LIBERTY TECHNOLOGIES UNLIMITED, INC.
STREET ADDRESS	10315 CITATION WAY
CITY-ST-ZIP	LAUREL, MD 20723
TITLE	MGRM
NAME	ELIZABETH TATE WINTERS TRUST
STREET ADDRESS	17929 POND ROAD
CITY-ST-ZIP	ASHTON, MD 20861
TITLE	MGRM
NAME	SUSAN K.T. BURROWBRIDGE TRUST
STREET ADDRESS	17929 POND ROAD
CITY-ST-ZIP	ASHTON, MD 20861
TITLE	MGRM
NAME	ANDREW PATRICK TATE TRUST
STREET ADDRESS	17929 POND ROAD
CITY-ST-ZIP	ASHTON, MD 20861
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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 605, Florida Statutes.

SIGNATURE

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

Date

Daytime Phone #

4/13/04 410-266-1700