

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000003638

**FILED**  
**May 01, 2007**  
**Secretary of State**

**Entity Name:** WINDERMERE INFORMATION TECHNOLOGY SYSTEMS, LLC

**Current Principal Place of Business:**

2000 WINDERMERE COURT  
ANNAPOLIS, MD 21401

**New Principal Place of Business:**

**Current Mailing Address:**

6250 OLD DOBBIN LANE  
#160  
COLUMBIA, MD 231045

**New Mailing Address:**

1840 CENTURY PARK EAST  
LOS ANGELES, CA 90067

**FEI Number:** 52-2078259      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

**Title:** MGRM      ( ) Delete  
**Name:** ESSEX CORPORATION,  
**Address:** 6708 ALEXANDER BELL DR  
**City-St-Zip:** COLUMBIA, MD 21046

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: KATHLEEN M SALMAS

SECY

05/01/2007

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