

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000588

FILED
Jan 04, 2007
Secretary of State

Entity Name: WENDOVER PROVIDENCE PARTNERS, LLC

Current Principal Place of Business:

11885 44TH ST
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

11885 44TH ST
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 20-1805389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REMMES, EVAN
11885 44TH ST
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

GEORGIADIS, ANTHONY
11885 44TH ST
CLEARWATER, FL 33762 US

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: ANTHONY GEORGIADIS

01/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FORSYTH, RICHARD D
Address: 11885 44TH ST
City-St-Zip: CLEARWATER, FL 33762

Title: MGR () Delete
Name: GEORGIADIS, ANTHONY
Address: 11885 44TH ST
City-St-Zip: CLEARWATER, FL 33762

Title: MGR (X) Delete
Name: REMMES, EVAN M
Address: 11885 44TH ST
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY GEORGIADIS

MGR

01/04/2007

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