

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008499

FILED
Jan 07, 2007
Secretary of State

Entity Name: DRROBERTKWINTERSPHD, LLC

Current Principal Place of Business:

8835 GREAT COVE DR.
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8835 GREAT COVE DR.
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-0786594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, DAVID S
5728 MAJOR BLVD.
SUITE 550
ORLANDO, FL 32819 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: WINTERS, ROBERT
Address: 8835 GREAT COVE DR.
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WINTERS, ROBERT
Address: 8835 GREAT COVE DR.
City-St-Zip: ORLANDO, FL 32819

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: ROBERT WINTERS

MGRM

01/07/2007

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