



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90045 044 ****50.00

DOCUMENT # L04000034841							
1. Entity Name WINTER HOLDINGS, LLC							
Principal Place of Business 2515 PARKVIEW STREET TAMPA, FL 33629			Mailing Address 2515 PARKVIEW STREET TAMPA, FL 33629				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		04172006 Chg-LLC CR2E083 (11/05)			
Zip		Country		4. FEI Number 16-1699456			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
JEFFRIES, DAVID M 101 EAST KENNEDY BOULEVARD, SUITE 300 TAMPA, FL 33602			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Filing Fee is \$50.00 Due by May 1, 2006		- Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINTER, DAVID 2515 ANDERSON STREET <i>Parkview St.</i> TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 		Date <i>4/17/06</i>		Daytime Phone # <i>813.875.6068</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							