

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036429

**FILED**  
**Jan 12, 2009**  
**Secretary of State**

**Entity Name:** WINNIPEG WAY, LLC

**Current Principal Place of Business:**

2425 TAMIAMI TRAIL NORTH SUITE 214  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

2425 TAMIAMI TRAIL NORTH SUITE 214  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 20-1058050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEE, BRUCE D  
2425 TAMIAMI TRAIL NORTH SUITE 214  
NAPLES, FL 34103 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:** DEE, BRUCE D  
**Address:** 2425 TAMIAMI TRAIL NORTH SUITE 214  
**City-St-Zip:** NAPLES, FL 34103

**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: BRUCE D DEE

M

01/12/2009

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