


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000043768
 1. Entity Name
 WINTER PARK VIA PLANE, LLC



Principal Place of Business Mailing Address
 400 N. NEW YORK AVENUE, SUITE 103 400 N. NEW YORK AVENUE, SUITE 103
 WINTER PARK, FL 32789 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE



02132008No Chg-LLC CR2E083 (12/07)

4. FEI Number 90-0179407	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

OGILVIE, C.H. - JR.
 400 N. NEW YORK AVENUE, SUITE 103
 WINTER PARK, FL 32789

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

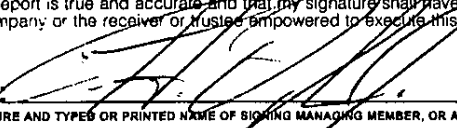
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR C.H. OGILVIE, JR. 400 N. NEW YORK AVENUE, SUITE 103 WINTER PARK, FL 32789
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05/23/08-80097-008 138.75

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** 4/28/08 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE