


**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

37

03-01-2007 90189 025 \*\*\*\*50.00

<b>DOCUMENT # L06000078672</b>					
1. Entity Name 2590 WINTER HAVEN, LLC					
Principal Place of Business 2295 CORPORATE BOULEVARD SUITE 131 BOCA RATON, FL 33431 US			Mailing Address 2295 CORPORATE BOULEVARD SUITE 131 BOCA RATON, FL 33431 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02052007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 16-1768749	
				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		
DEUTSCH, STEVEN W C/O FRANK WEINBERG & BLACK, P.L. 7805 S.W. 6TH COURT PLANTATION, FL 33324			Name <u>Sevell, Arnold</u> Street Address (P.O. Box Number is Not Acceptable) <u>2295 Corporate Blvd NW #131</u> City <u>Boca Raton</u> FL Zip Code <u>33431</u>		
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 <u>Arnold Sevell</u> <small>Business, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/2/07</u> <small>(NOTE: Registered Agent signature required when resigning)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<u>MGRM</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<u>Sevell, Arnold</u>		NAME		
STREET ADDRESS	<u>2295 Corporate Blvd #131</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>Boca Raton, FL 33431</u>		CITY-ST-ZIP		
TITLE	<u>MGRM</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<u>Garnett, Peter</u>		NAME		
STREET ADDRESS	<u>16 Mt. Ebo Rd South</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>Brewster, NY 10509</u>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Arnold Sevell</u>			Date <u>2-26-07</u> 561-995-0100		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		