

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078672

Entity Name: 2590 WINTER HAVEN, LLC

FILED  
Mar 04, 2008  
Secretary of State

**Current Principal Place of Business:**

2295 CORPORATE BOULEVARD  
SUITE 131  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

2295 CORPORATE BOULEVARD  
SUITE 131  
BOCA RATON, FL 33431 US

**New Mailing Address:**

FEI Number: 16-1768749      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DEUTSCH, STEVEN W  
C/O FRANK, WEINBERG & BLACK, P.L.  
7805 S.W. 6TH COURT  
PLANTATION, FL 33324 US

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

SEVELL, ARNOLD  
2295 CORPORATE BLVD NW  
SUITE 131  
BOCA RATON, FL 33431 US

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: ARNOLD SEVELL

03/04/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SEVELL, RENOLD  
Address: 2295 CORPORATE BLVD #131  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: GAMAR, PETER  
Address: 16 MT. ELAS RD SOUTH  
City-St-Zip: BREWSTER, NY 10509

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARNOLD SEVELL

MGMR

03/04/2008

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