2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2006 08:00 Al Secretary of State

DOCUMENT # L0000 1. Entity Name WINGHOUSE OF OCALA, L.C		
Principal Place of Business 7491 ULMERTON ROAD B LARGO, FL 33771	Mailing Address 7491 ULMERTON ROAD B LARGO, FL 33771	



DO NOT WRITE IN THIS SPACE

04072006 No Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For
59-3632019	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

Name and Address of Current Registered Agent
CRAWFORD, KER

7491 ULMERTON ROAD B LARGO, FL 33771

DO NOT WRITE IN THIS SPACE

	ve named entity submits this statement for the purpose of chan lations of registered agent.	iging its registered office or registered agent, or bo	th, in the State of Floric	ia. I am tamiliar with	, and accept
SIGNATUR	=	<u> </u>	#+ <u></u>	<u></u>	2, (4,
0(4),01,021	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)		DATE	6.
					

Filing Fee is \$50.00 Due by May 1, 2006

Due by May 1, 2000	The state of the s
9. MANAGING MEMBERS/MANAGERS TITLE MGR NAME KER, CRAWFORD STREET ADDRESS 214 HARBORVIEW LN CITY-ST-ZIP LARGO, FL 33770	U00000519324 05/02/06-80074-016 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

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:	A	-//4	1100	101-335-29	<u> </u>
SIGNATURE AND TYP	ED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR A	UTHORIZED REPRESENTATIVE	Date	Daytime Phone #	٠٧,