

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000011929**

1. Entity Name  
WINTERGREEN, L.L.C.



Principal Place of Business

% SOUTHSTAR DEVELOPMENT PARTNERS, INC.  
255 AHLAMBRA CIRCLE, SUITE 312  
CORAL GABLES, FL 33134

Mailing Address

% SOUTHSTAR DEVELOPMENT PARTNERS, INC.  
255 AHLAMBRA CIRCLE, SUITE 312  
CORAL GABLES, FL 33134



01252005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1045568

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

B&C CORPORATE SERVICES OF CENTRAL FL, INC.  
390 N. ORANGE AVENUE, SUITE 1100  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGR  
BENSON, NATHAN D  
448 VIKING DR., STE. 220  
VIRGINIA BEACH, VA 23452

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGR  
GOTTLIEB, RAYMOND L  
448 VIKING DR., STE. 220  
VIRGINIA BEACH, VA 23452

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

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

Date

Daytime Phone #