## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L00000011929

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

Principal Place of Business

Mailing Address

% SOUTHSTAR DEVELOPMENT PARTNERS, INC. 255 AHLAMBRA CIRCLE, SUITE 312 CORAL GABLES, FL 33134 % SOUTHSTAR DEVELOPMENT PARTNERS, INC. 255 AHLAMBRA CIRCLE, SUITE 312 CORAL GABLES, FL 33134 FILED Apr 23, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

02052007 No Chg-LLC CR2E083 (11/05)

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 A		(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee Is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	BENSON, NATHAN D	1	
STREET ADDRESS	448 VIKING DR., STE. 220	i	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23452	i	U00000724470
TITLE	MGR		05/02/07-80114-006 50.0
NAME	GOTTLIEB, RAYMOND L		
STREET ADDRESS	448 VIKING DR., STE. 220		
CITY-ST-ZIP	VIRGINIA BEACH, VA 23452		
TITLE			
NAME			
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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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

URE: NATHAN E
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

757-463-5000

Daytime Phone #

Date