

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000003456**

1. Entity Name  
WINTER PARK, L.L.C.



Principal Place of Business  
301 WEST CAMINO GARDENS BLVD  
STE 101  
BOCA RATON, FL 33432

Mailing Address  
PO BOX 352  
BOCA RATON, FL 33432



01052004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

MACHEN, JIM D  
301 WEST CAMINO GARDENS BLVD., STE 101  
BOCA RATON, FL 33432

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MEM
NAME	STEPHEN M BAILEY, SELF DIRECTED
STREET ADDRESS	PO BOX 352
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U000000010145  
01/22/04-80019-018 50.00

**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)(f), 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

Stephen M. Bailey

Date

Daytime Phone #