## 2005 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L01000003456**

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

| Principal Place of Business | Mailing Address |
|---|---|
| 301 WEST CAMINO GARDENS BLVD STE 101 BOCA RATON, FL 33432 | PO BOX 352 BOCA RATON, FL 33432 |

## DO NOT WRITE IN THIS SPACE

01142005 No Chg-LLC          CR2E083 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| NOT APPLICABLE | 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, 2005**

| 9. | MANAGING MEMBERS/MANAGERS | |
|---|---|---|
| TITLE | MEM | |
| NAME | STEPHEN M BAILEY, SELF DIRECTED | U00000206730 |
| STREET ADDRESS | PO BOX 352 | 02/01/05-80016-023  50.00 |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | DO NOT WRITE |
| TITLE | | IN THIS SPACE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: _Stephen M Bailey_    Stephen M. Bailey    26/Jan/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #