

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

04 APR 28 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005661 1. Entity Name WINTER HARBOUR, LLC					
Principal Place of Business 9105 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32311			Mailing Address 9105 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32311		
2. Principal Place of Business Petrandis 4178 Apalachee Pkwy. Tallahassee, FL 32311		3. Mailing Address Petrandis 4178 Apalachee Pkwy. Tallahassee, FL 32311			
Suite, Apt. #, etc. Tallahassee, FL 32311		Suite, Apt. #, etc. Tallahassee, FL 32311			
City & State Tallahassee, FL		City & State Tallahassee, FL			
Zip 32311		Zip 32311		Country USA	
Country USA		4. FEI Number 45-0472440			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PETRANDIS, JOHNNY II 9105 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32311			7. Name and Address of New Registered Agent Name Johnny Petrandis Street Address 4178 Apalachee Pkwy. Tallahassee, FL 32311 City FL Zip Code 32311		
* 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 <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 4/23/4 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETRANDIS, JOHNNY II 9105 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johnny Petrandis, II 4178 Apalachee Pkwy. Tallahassee, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300035559993 05/06/04--01024--009 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this report 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 4/23/4 <small>Daytime Phone #</small>	