

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000007909

1. Entity Name
VANDER WYNN PROPERTIES, L.C.



Principal Place of Business

FARR, EMERICH, SIFRIT, HACKETT & CAR
P.O. DRAWER 511447
PUNTA GORDA, FL 33951-1447

Mailing Address

FARR, EMERICH, SIFRIT, HACKETT & CAR
P.O. DRAWER 511447
PUNTA GORDA, FL 33951-1447



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1106481

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HACKETT, JACK O II ESQ.
99 NESBIT STREET
PUNTA GORDA, FL 33950

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WYNN, VANDER M
P.O. BOX 511692
PUNTA GORDA, FL 339511692

TITLE
NAME
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CITY - ST - ZIP

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02/20/04-80080-009 50.00

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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

2/10/04
Date

Daytime Phone #