

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90421 024 \*\*\*\*50.00

**DOCUMENT # L01000014539**

1. Entity Name  
 WINTER HAVEN CITI CENTRE, LLC



Principal Place of Business  
 4315 METRO PARKWAY  
 SUITE 500  
 FORT MYERS, FL 33916

Mailing Address  
 4315 METRO PARKWAY  
 SUITE 500  
 FORT MYERS, FL 33916

**20010724**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02202006 Chg-LLC CR2E083 (11/05)

City & State

4. FEI Number  
 65-1136441

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent  
 NATIELLO, JOHN  
 4315 METRO PARKWAY  
 SUITE 500  
 FORT MYERS, FL 33916

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


**Filing Fee is \$50.00**  
**Due by May 1, 2006**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLQUIST, LAURA A 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIVINGSTON, WILLIAM I ONE CORPORATE DR STE 3A PALM COAST, FL 321374715 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUSBY, DAVID ONE CORPORATE DR STE 3A PALM COAST, FL 321374715 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATIELLO, JOHN 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORVATH, MARGE 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLETE PROPERTIES, INC. 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> 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"/> 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"/> Change <input type="checkbox"/> Addition

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. **CONTINUED**.....

**SIGNATURE: JOHN NATIELLO**  **2/21/06** **239-333-3300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**ATTACHMENT**  
20010724  
**2006 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

**DOCUMENT # L01000014539** Continued

**WINTER HAVEN CITI CENTRE, LLC**

**Line 9 Continued**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

**Line 10 Continued**

TITLE MGR  Change  Addition  
NAME JOHANNESMEYER, JOHN C. JR  
STREET ADDRESS 4315 METRO PARKWAY, SUITE 500  
CITY-ST-ZIP FORT MYERS, FL 33916