


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90360 034 ****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

2. Principal Place of Business - No P.O. Box #


3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

40073011



04062007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 65-1136441

Applied For
 Not Applicable

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, 2007

Make check payable to
Florida Department of State

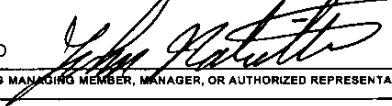
9. MANAGING MEMBERS/MANAGERS

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	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALLETE Properties, LLC	<input checked="" 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.

SIGNATURE: John Natiello  **4-20-07** **239-333-3300**

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

ATTACHMENT

40075017

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000014539 Continued

WINTER HAVEN CITLCENTRE, LLC

Line 9 Continued

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	JOHANNESMEYER, JOHN C. JR	
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500	
CITY-ST-ZIP	FORT MYERS, FL 33916	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Line 10 Continued

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROTH, JEFFREY H.		
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500		
CITY-ST-ZIP	FORT MYERS, FL 33916		
TITLE	MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUGHES, HEIDI		
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500		
CITY-ST-ZIP	FORT MYERS, FL 33916		