


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90273 010 \*\*\*138.75

**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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1136441	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

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

**SIGNATURE:** *John Natello* **JOHN NATIELLO** **3/27/08** **239-333-3300**  
Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative Date Daytime Phone #

# ATTACHMENT

60018565

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000014539 Continued

WINTER HAVEN CITI CENTRE, LLC

### Line 9 Continued

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

### Line 10 Continued

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			